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ABSTRACT

Presented in the first of three volumes is a summary and evaluation of the Life Skills for the Developmentally Disabled Project which was designed to prevent inappropriate institutional placement and to assist in deinstitutionalization of individuals in Forest Haven, the District of Columbia's Center for the developmentally disabled. It is explained that the project emphasized improved utilization of staff in teaching those life skills needed for survival in the community. Described are progress and accomplishments regarding the following five objectives: (1) development of a problem-oriented record keeping system to establish accountability for meeting client needs as assessed through the Adaptive Behavior Scale; (2) development and testing of life skill objectives and learning activities; (3) development and testing of a training workshop model to teach staff to use a life skills approach; (4) development of a training manual and plan designed to facilitate the replication of the life experience approach; and (5) development of task forces to encourage cooperative efforts between the Life Skills Project and a corollary Virginia project. Among project findings are that the Problem-Oriented-Record system was instituted for 125 clients, and that the life skills approach provided systematic and formalized curriculum for the participating clients. Approximately one-half of the document is comprised of 14 appendixes, including six D.C. governmental plans related to developmental disabilities. (CL)

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VOLUME I

LIFE SKILLS FOR THE DEVELOPMENTALLY DISABLED

An Approach to Accountability in Deinstitutionalization

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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(Hospital Improvement Program - Community Alternatives and Institutional Reform, Project Number: 51-P-15436/3-01)

July 1, 1974 - July 30, 1975

Volume I: Project Summary and Evaluation

Volume II: Manual for Trainers

Volume III: Manual for Training Clients

Project Director: Donald E. Hawkins, Ed.D.
Project Coordinator: Geneva S. Folsom, Ed.D.

Funded by Department of Health, Education and Welfare, Social Rehabilitation Services Administration, Division of Developmental Disabilities, Region III, and administered by Division of Rehabilitation Medicine, Department of Medicine, School of Medicine and Health Sciences, The George Washington University, Washington, D.C., in cooperation with the University Affiliated Facility for Child Development, Georgetown University, Washington, D.C., the District of Columbia Developmental Disabilities Council, and Forest Haven, District of Columbia's Institution for the Developmentally Disabled.

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I. INTRODUCTION

The final report of the Life Skills for the Developmentally Disabled Project comprises three volumes: Volume I: Project Summary and Evaluation Report; Volume II: Manual for Trainees; and Volume III: Manual for Training Clients. This project has been funded by the Department of Health, Education, and Welfare, Social and Rehabilitation Services Region III, and administered by the Division of Rehabilitation Medicine, Department of Medicine, School of Medicine and Health Sciences, The George Washington University, Washington, D.C., in co-operation with the University Affiliated Facility for Child Development, Georgetown University, Washington, D.C., the District of Columbia Developmental Disabilities Council, and Forest Haven, the District of Columbia's institution for the developmentally disabled. Overall planning and evaluation activities were conducted in conjunction with Community Orientation and Institution Improvement for Life Adaption (COIILA), a corollary project undertaken by Virginia's Vocational Rehabilitation Agency and Developmental Disabilities Council and the Lynchburg Training School and Hospital, Lynchburg, Virginia.

The project, conducted during the period July 1, 1974 - July 30, 1975, was directed by Donald E. Hawkins, Senior Research Scientist, and Geneva S. Folsom of George Washington University Division of Rehabilitation Medicine. Ms. Jean Federici served as Field Instructor/Activity Therapist at Forest Haven and Ms. Betsy Sessions served as Staff Assistant. John Noone represented the University Affiliated Facility for Child Development, Georgetown University, as a general consultant. (For complete staff listing, see Appendix A.)

The project was initiated to prevent inappropriate institutional placement and to assist in the deinstitutionalization of developmentally disabled clients. Emphasis was placed on changing Forest Haven from a custodial toward a community habilitation model.

II. GOALS AND OBJECTIVES

The project focused on the improved utilization of staff in the redirection of learning activities toward those Life Skills most relevant in assisting Forest Haven clients to live in the community. To facilitate attainment of this goal, five objectives were formulated:

(1) To develop a problem-oriented record keeping system (P.O.R.) as a means of establishing accountability for meeting client needs as assessed through the Adaptive Behavior Scale (A.B.S.).

(2) To develop and test Life Skill objectives and appropriate learning activities, using periodic assessment techniques through which staff can help the individual client correct weaknesses and build necessary personal and social competancies for deinstitutionalization.

(3) To develop and test a training workshop model to instruct staff in utilization of a Life Skills approach in carrying out their respective responsibilities.

(4) To develop a Training Manual and Objective Plans/Charts designed to facilitate the replication of the life experience approach to deinstitutionalization on a broader basis in the District of Columbia and throughout the United States.

(5) To develop technical assistance task forces and to foster cooperative efforts between the Virginia COIILA and the District of Columbia Life Skills Project to facilitate establishment of a model deinstitutionalization program and to assist each in third party evaluation activities.

Delimitations:

The target population from Forest Haven included 240 clients classified as developmentally disabled persons who are: (a) inappropriately institutionalized; (b) involved in a program leading to deinstitutionalization; or (c) expected to remain in the institution for an extended period of time but who will eventually be deinstitutionalized. The training program described in this project was designed for staff personnel who are responsible for providing services to individuals representative of the target population.

III. RATIONALE AND BACKGROUND

Major emphasis is now being placed on vocational training and academic education as the foundation for successful deinstitutionalization programs in the United States. Often overlooked is the critical need for the mentally retarded person to survive socially and physically in the community and to enjoy experiences taken for granted by our society. Failure does not usually occur in interaction with fellow employees or supervisors, but in the off-the-job living situation.

To prevent such failures, the real life situation should be the focus of normalization training objectives. The normalization principle means that mentally retarded persons should have access to patterns and conditions closely approximating those experienced by the mainstream of society, such as daily life routine, leisure activities, sexual fulfillment, holidays and vacation, driving a car, holding a job, etc. Preoccupation with only a part of life (for example, work) is evident in most training programs. To advocate *total* life experience training, it is necessary to assess the individual's personal and social adaptive skill requirements and needs associated with coping with, and enjoying one's, total environment. Assessment consists mainly of developing life skills suited to individual needs and learning them by doing in the real environment. The traditional teacher/student relationship with the use of didactic curricular designs and hardware will provide an unrealistic and low productive training approach. Staff needs to be trained in how to use normal everyday experiences to assist the mentally retarded person in developing personal and social competencies. The role of facilitator is more appropriate than the traditional teacher or parent roles. As a facilitator, the staff person develops a helping relationship which sometimes takes the form of structured education, counselling, unobtrusive environmental design, or logistical support (transportation, etc.).

It is possible to change a traditionally custodial institution into a rehabilitation facility. Relatively large percentages of the institutional population can be returned to independent living situations, despite long periods of institutionalization. To successfully become a rehabilitation facility, it is essential that the entire institutional staff be oriented toward a deinstitutionalization mission, and that the community be linked rather than separated from the institution.

In recognition of this need, a major effort was undertaken to develop a Life Skills curriculum to concentrate on concerns overlooked in many academic or vocational programs. This project, therefore, was funded to develop a Life Skills training program to aid staff in the deinstitutionalization of Forest Haven clients.

It is necessary at this point to expand upon the meaning of "deinstitutionalization". The following memorandum was submitted to the Official Record of the National Advisory Council on Services and Facilities for the Developmentally Disabled.

In response to requests from State Councils and others to clarify what is meant by the term "deinstitutionalization" in the context of HEW objectives of the Developmental Disabilities field, the National Advisory Council at its meeting on June 11, 1974, adopted the following statement.

> "Deinstitutionalization" is a federally coined term used to characterize one of the Mental Retardation goals expressed by President Nixon in November of 1971. The goal was to reduce by one-third, nationally, the census of the State MR institutions. This was the estimate of the number of residents who were inappropriately placed there.
>
> The principle of deinstitutionalization is considered to apply to all developmentally disabled persons who might require long-term care.
>
> The National Advisory Council and the Division of Developmental Disabilities take the position that effective deinstitutionalization requires a simultaneous development of community alternatives as well as institutional reform.
>
> Deinstitutionalization encompasses three interrelated processes: (1) prevention of admission by finding and developing alternative community methods of care and training; (2) return to the community of all residents who can be prepared through programs of habilitation and training to function adequately in appropriate local settings; and (3) establishment and maintenance of a responsive residential environment which protects human and civil rights and which contributes to the expeditious return of the individual to community living which is as nearly normal as possible. The success of deinstitutionalization is dependent upon the availability of an array of quality community programs and services.
>
> Community alternatives has sometimes been construed to mean only community-based residential programs. This is incomplete. Community alternatives must be responsive to the full range of needs of families to prevent crisis, and to deal with crisis. Examples include public education, education of professionals who advise placement, a variety of kinds of respite care, family training in habilitation skills, and effective counseling.
>
> Institutional reform involves a modification or improvement in attitudes, philosophies, policies, effective utilization of all available resources, and increased financing to provide adequate programs to motivate and assist individuals to reach their maximum level of functioning in the least restrictive environment possible. Institutional reform will occur only through an increased effort on the part of all professional, nonprofessional, and lay persons concerned with the developmentally disabled.[1]

Before elaborating on major project activities undertaken to accomplish this objective, it is first necessary to detail the practical situational antecedents and present realities which influence the District of Columbia's only institution for the developmentally disabled. The following section outlines these elements so that the reader of this report will have a basis on which to relate to some of the unique problems confronting our Nation's Capitol, and its administration of human service programs for the Developmentally Disabled.

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1. Abstracted from National Advisory Council on Services and Facilites for the Developmentally Disabled Memorandum, June 11, 1974.

District of Columbia Government-Sponsored Developmental Disabilities Program

An overview of the District of Columbia's government programs for the developmentally disabled and their respective services are presented in Table I. These have been provided by the Bureau of Rehabilitation Services, Mental Health Administration, Bureau of Developmental Disabilities, District of Columbia Public Schools, and Department of Recreation. The Life Skills Project focused mainly on deinstitutionalization activities at Forest Haven, D.C.'s institution for the mentally retarded.

General Description of Forest Haven

Forest Haven is under the administrative jurisdiction of the District of Columbia's Department of Human Resources, Mental Health Administration and was established to supplement residential care with treatment, training, and rehabilitative services. The facility is part of the District's Children's Center located twenty miles north of Washington, D.C., on approximately 1,000 acres near Laurel, Maryland. Forest Haven consists of fifteen residential cottages, a 200-bed residence for ambulatory patients, a 200-bed infirmary, a school, and support buildings.

As of February, 1974, Forest Haven had 1,115 clients and 556 employees. Of the clients, 593 were rated profoundly or severly retarded and needed total care; the remaining 562 were rated either moderately retarded (needing supervision in caring for themselves) or mildly retarded (able to care for themselves). The employees included nurses, counselors, social workers, educators, and food service, housekeeping, and administrative personnel.

Forest Haven serves only the legal residents of the District of Columbia. The following services are provided:

(1) *Education Service:* Education and Training Programs offered to clients range from instruction in visual-motor coordination to academics (ungraded program of appropriate special education activities at pre-school, elementary, and secondary levels). Teaching of basic living skills, good work habits, and simple repetitive skills. Training in homemaking, horticulture, housekeeping, food service, cosmetology, sewing, barbering, etc. Vocational Preparation Program for older clients includes job-sampling, work-training experiences, and actual paid employment.

(2) *Social Service:* Screening, admission, home visits, releases, and liaison with Welfare Department Casework service to clients who can best benefit from them.

(3) *Recreation:* Individual and group activities -- sports, games, arts and crafts, music and dancing, swimming, bowling, bicycling, hiking, and camping both on and off campus. The program is greatly enhanced by volunteers.

(4) *Medical and Dental Service:* Complete physical and dental examinations given upon admission. Programs include prevention and control of communicable disease, training in good health practices, diagnosing and testing for physical and emotional disorders.

(5) *Nursing Service:* Implements medical services, health care supervision, healthful living training, intensive and specialized care for severely handicapped and very young clients.

(6) *Chaplaincy Service:* Three interdenominational chapels. Protestant and Catholic Chaplain full time. Rabbi available when services needed.

Table I

District of Columbia Agency Activities
For the Developmentally Disabled

Agency	Activities
Department of Human Resources	
Bureau of Rehabilitation Services	Carries out Federal Rehabilitation Services Act. Services include: diagnostic evaluation, medical examination, counseling, restoration services, job or academic training, job placement and follow-up. 1. *Forest Haven* Services: vocational training, Life Skills training. 2. *Developmental Services Center* Services: occupational therapy, manual arts therapy, behavior modification, psychotherapy, Life Skills training. 3. *Community Mental Health Center* Services: Crippled Children's Program habilitation and rehabilitation services, parental counseling, specialized medical services.
Bureau of Developmental Disabilities	Specifically responsible for services to mentally retarded: 1. *Forest Haven* Services: residential care, occupational therapy, education, rehabilitation. 2. *Developmental Services Center* Sole DHR day treatment center for the retarded (limited to 100 clients with significant waiting list). Services: treatment for mild to moderately retarded children or adolescents with accompanying behavioral and emotional problems, academics, recreation, work therapy, job placement.
District of Columbia Public Schools	Special education to educable retarded children. Separate schools: Lenox, Pierce, Richardson, Mamie D. Lee.
Department of Recreation	Day activity programs for retarded children, annual Special Olympics.

Forest Haven also provides special programs designed to meet special client needs. Some of these programs include:

(1) *Developmental Stimulation:* The severly retarded child suffers tremendous sensory deprivation. Each child needs more than the normal amount of stimulation. The number and type of stimuli available to the child is also affected by his/her lack of mobility. The reception, perception, and interpretation of the stimuli may also be impaired by central nervous system deficit. The child's present level of development must be carefully evaluated by reflex and developmental testing before an individualized treatment program can be initiated. With a great deal of patience and perseverance, even the most severely retarded child will usually make sufficient progress to sit in a chair, to use his/her hands, to respond to his/her environment, and to control disabling contractures. Through proper training and evaluation, the staff will be able to assess the client's exact level of functioning, and thus plan a program of stimulation to help him/her progress to the next stage of development.

(2) *Horticulture Therapy:* The use of various agricultural programs to rehabilitate the mentally handicapped is not new. Such programs have been used in psychiatric hospitals, rehabilitation centers, senior citizen homes, and correctional institutions for years. All such programs vary in their techniques but have the universal aim of helping people to find a useful place in society.

Horticulture therapy, like recreation, crafts, and music, is another tool by which a meaningful relationship can be formed around a task.

The Horticultural Therapy Program has been in function at Forest Haven for approximately two years. Through horticulture many accomplishments have been made. The Program started with a supervisor and three therapists. Female clients are centralized in a greenhouse operation which supplies plant material to be sold and used in the male program, which consists chiefly of landscape gardening exercises.

Some twenty full-time male clients and approximately thirty work exposure clients participate in the various programs.

Five horticultural clients have been placed in actual full-time job settings where they are presently earning substantial salaries. One client has been working in a commercial greenhouse operation for over a year.

The continuation of the Horticultural Program is a vital step in the rehabilitation of Forest Haven clients. The therapeutic programs which are employed involve the client to his/her fullest capacity. Through horticultural training, the client becomes aware of the living world around him/her.

Horticultural therapy is a continuous project throughout the year. Lawn care, flower bed construction, and pruning occur in the summer. The amount of therapeutic tasks are unlimited. The winter season focuses on indoor programs. Indoor gardens are utilized as the main tool of therapy. The clients plant window boxes of various vine-type plants such as beans, peas, and Morning Glories. House plants are grown from which cuttings are taken and propagated into new plant material.

(3) *Career Development:* Forest Haven's goal is to help each individual within its care to develop his/her maximum potential for living a life that is individually satisfying, responsible, and socially productive.

The career education concept basically deals with the preparation for successful working careers. The major objective of career education is not only specific skill training, or what is often referred to as "hands on" experience, but also the development of appropriate work attitudes, human relations skills, alternative career choices, and job acquisition. The classroom, cottage, community, and potential employers are all part of the learning environment.

Career Development projects train and place as many clients as possible in jobs carefully matched to their capabilities. These projects involve such techniques as:

1. Shaping desirable work attitudes and behavior patterns;
2. Imparting necessary skills through planned training;
3. Improving trainees' effectiveness in communications and personal habits; and
4. Harmonizing trainees' attitudes, interests, and training with specific job requirements.

It is hoped that the Career Development Program will greatly expand the institution's capacity to meet the job market, in order that many clients will develop a sense of self-fulfillment and eventually return to the community. At the age of 15 years, all pre-vocational clients are referred to the Career Development Vocational Department. This is done in order to screen them for areas of work training. After a period of time, they are referred to Area Teams for further evaluation and guidance. They may be guided into four working environments:

1. Sheltered workshop within a home environment.
2. Independent living and future release.
3. Community-supervisory setting.
4. Remaining in Center and programmed indefinitely.

Often, in programs of this nature, it may be found that departmental services overlap. In order to alleviate this, all disciplines will meet at a future date to work out procedures leading to a smoother operation.

(4) *Attitude Therapy:* Attitude Therapy is basically a communication device employed by staff working with populations who benefit from the consistency provided by a therapeutic or structured environment.

Recognizing the importance of those who directly influence changes in behavior, this communication system has proven most effective in recognizing every member of a large staff as integral to the treatment process. One of the main advantages of such a system is that it offers a framework for true team approach. It provides a relatively simple process for clustering behaviors, and gives staff patterns of communication which are designed to provide consistency in the clients' environment. Attitude Therapy structures communication so there is adequate input and feed-back within an institutional setting. Such a system is, naturally, more effective in a 24-hour facility setting. However, families can be taught the techniques so that consistency of approach is more possible even though the client may be on partial care status.

The Attitudes may be viewed on a continuum whereby the controls from staff are broader as behavior deviates from the norm. As clients' behavior changes toward the norm, the staff changes the Attitude toward that prescribed Attitude (Matter-of-Fact) which is geared toward

giving the controls to the client to manage his own behavior. Attitudes assumed by staff should be viewed as guidelines on a continuum rather than as rigid lines of demarcation. Inconsistencies arise when staff fluctuates from one extreme to another -- thereby leaving the client without consistent feedback from the environment. By using Attitude Therapy all members of the treatment team react to the client's behavior in relatively the same way. The client will then change as he perceives his behavior is causing desirable or indesirable feed-back from staff.

District of Columbia Deinstitutionalization Guidelines and Plans

The following District of Columbia documents which relate to care and training of developmentally disabled are included as Appendix B: (1) District of Columbia Developmental Disabilities State Plan 1975; (2) District of Columbia Department of Human Resources - Comprehensive Child Care Plan, 1974; (3) District of Columbia Department of Human Resources - Department Action Plan for Forest Haven 1974/75; (4) District of Columbia Department of Human Resources - Forest Haven Eight Year Plan, 1974; (5) District of Columbia Department of Human Resources - 1976 Program Plan for Vocational Rehabilitation Services Plan Related to the Developmentally Disabled; and (6) "The Waddy Decree" - District of Columbia Board of Education. These are included as background information on state activities, and to assist the reader of this report in identifying the complexities in planning Developmental Disabilities Services leading toward deinstitutionalization.

All of these plans cover various aspects of the service needs of the developmentally disabled. Each plan focuses on the agency's involvement with developmentally disabled clients. There is considerable overlap in the D.C. Comprehensive Child Care Plan and the plans of D.C. human service agencies for the developmentally disabled. The Child Care Plan draws upon all the plans of the D.C. Agencies. The Waddy Decree establishes a legal precedent for public school education of developmentally disabled youth.

What the agency plans do not spell out are effective methods of coordination with each other. Intergovernmental cooperation and planning is the key to an effective deinstitutionalization program. It should be stressed that the key planning representatives of these agencies should meet and coordinate all deinstitutionalization efforts.

The plans seem to suffer from a lack of specific planning and operation strategies which can be evaluated and assessed as to their accountability in relation to the total District of Columbia programming of services for developmentally disabled persons. A list of objectives which are specified in order of priority for interagency efforts is crucial to a successful deinstitutionalization program. Community resources which serve as effective alternatives to institutionalization must be assessed and coordinated prior to placement of clients who are currently at Forest Haven. The establishment of viable community alternatives, will make prevention efforts more effective.

There is an obvious need for more data collection in regard to the total services required to initiate a deinstitutionalization program. Increased evaluation methods are also needed to assure that clients are ready for community placement and that the facilities involved are providing the developmentally disabled with adequate services.

The pending reorganization of the District of Columbia's Department of Human Resources (DHR) will have considerable impact upon deinstitutionalization efforts. Public hearings will be held in September, 1975, to obtain information concerning optimum administrative and service restructuring of DHR. Concerned groups will provide testimony in support of their interests as they relate to DHR reorganization. People concerned about the future of DHR services for the developmentally disabled should have input at these public hearings. Concrete solutions and proposals should be developed for these important DHR hearings.

In conclusion, in reviewing the various D.C. governmental plans for providing services for the developmentally disabled it is apparent that improved planning and evaluation of community and institutional efforts are prerequisites to a viable deinstitutionalization program. All governmental agencies must cooperate in implementation of a comprehensive deinstitutionalization plan.

iV. EVALUATION DESIGN

The Life Skills Project is not a research study. Therefore, its data collection activities were designed to evaluate project performance. The purpose of evaluation is to improve performance. Therefore, data was used to make decisions concerning the most effective management of resources available to the project. Data collection efforts were hampered by lack of funds for extensive testing, and by insufficient baseline data at Forest Haven. Recommendations for more extensive data collection activities are listed in the recommendations section of this report.

Evaluation activities are summarized under five categories in the following charts:

(1) Statement of Objective
(2) Tasks Performed
(3) Completion Dates
(4) Performance Standard
(5) Evaluation Data Required and/or Assessment Tools Used.

Statement of Objective	Tasks Performed	Completion Dates	Performance Standard	Evaluation Data Required and/or Assessment Tools
(1) To develop a problem-oriented record-keeping system (P.O.R.) as a means of establishing accountability for meeting client's needs assessed through the Adaptive Behavior Scale (A.B.S.)	Select/orient staff.	9/1/74 - 11/1/74	Selection of a qualified staff to direct the Life Skills Project.	Application interview and recommendation.
	Develop problem oriented assessment techniques.	3/20/75	Implementation of P.O.R. System at Forest Haven by everyone involved in training	Evidence of successful use of assessment techniques as demonstrated by staff personnel to project staff. Minutes of training sessions on P.O.R. P.O.R. Volunteer Questionnaire and Interview
	Initiate P.O.R. System	4/4/75	Initiation of and functioning P.O.R. System in Forest Haven by project completion date.	Evidence of P.O.R. System in operation for target population at Forest Haven. Checklist of activities used for diagnostic purposes: - Adaptive Behavior Scale - Client Interview - Observations - P.O.R. System Transitional Services Training Classes
(2) To develop and test Life Skills objectives and appropriate learning activities using periodic assessment techniques through which staff can help the individual client correct weaknesses and build personal and social competencies for deinstitutionalization.	Train staff	11/19/74	All Level I staff of Areas A & B know how to administer, score, and interpret the ABS.	A.B.S. Comparison of A.B.S. pre- and post-test results of staff. A.B.S. scores for all Level I clients.
	Test clients using A.B.S.	12/20/74	All clients of target population are tested using the ABS and placed in appropriate levels.	ABS Forest Haven test records
	Design a curriculum based on the A.B.S. and related to the P.O.R. system of accountability.	3/20/75	Curriculum development process meets accepted curriculum design and evaluation criteria	ABS Improvement in client functioning level
	Train clients.	4/4/75	Life Skills Training Program initiated in Levels I & II.	Minutes Project log records Graduation for 100 hours of training
(3) To develop and test a training workshop model to instruct staff in the utilization of the Life Skills approach in carrying out their respective responsibilities.	Develop training format, materials, and schedule for training sessions.	10/22/74 - 12/20/74	Usable training materials developed.	Minutes
	Train professional staff in the use of Life Skills concepts.	1/2/75	All trainees demonstrated competency in using assessment techniques for diagnostic and educational programming purposes.	Written and oral evidence of competency achievement. Exercises at workshops. Pre-post tests Observation
	Establish working Mini-Teams	2/26/75	Cooperative efforts of Mini-Teams facilitated establishment of goals and management techniques for clients.	Project log records Minutes Client P.O.R.'s Team Functioning Tests

Statement of Objective	Tasks Performed	Completion Dates	Performance Standard	Evaluation Data Required and/or Assessment Tools
(3) continued	Initiate model workshop to train all staff in the use of Life Skills concepts.	1/15 - 16/75	Model Workshop held to introduce all concepts of the Life Skills project to Forest Haven staff.	Minutes Project log records
(4) To develop a Training Manual and Objectives Plan/Charts, designed to facilitate the replication of the Life Skills approach to deinstitutionalization on a broader basis in the District of Columbia and throughout the United States.	Develop the Manual and Objectives Plan/Charts.	6/30/75	Materials and training format used to instruct the Forest Haven staff in the Life Skills approach developed into a Training Manual and Objectives Plan/Charts for use by other institutions.	Practical usability demonstrated for Manual and Objectives Plan/Charts by potential users in the District of Columbia area. Follow-up questionnaire and interview format.
	Test the general applicability of the Training Manual and Objectives Plan/Charts	To be completed	According to the evaluation panel, the Life Skills model training program is replicable for staff development and training uses.	Feedback from nationwide circulation of materials Feedback questionnaire.
(5) To develop technical assistance task forces, and cooperative efforts between Virginia COIILA and the District of Columbia Life Skills projects to facilitate establishment of a model program for deinstitutionalization and to assist each in third party evaluation activities.	Develop joint training meeting and workshops.	8/29/74 - 7/30/75	Cooperative interaction of COIILA and Life Skills projects facilitated attainment of those performance standards described in objective No. 3	Minutes of meetings Joint training workshops
	Establish technical assistance Task Forces	8/15/74	Usable technical assistance directly resulted from Task Force Team involvement.	Minutes of meetings Bibliography
	Establish a third party evaluation process	8/29/74	Third party cooperative evaluation of the COIILA and Life Skills Projects resulted in improved project performance and useful information exchange.	Project evaluation reports. Minutes of meetings

V. ACCOMPLISHMENTS

The Life Skills Project began September 1, 1974 with the hiring of Dr. Geneva S. Folsom as Project Coordinator and the subsequent hiring of Ms. Betsy Sessions as Staff Assistant (October 1, 1974) and Ms. Jean Federici, Field Instructor/Activity Therapist (November 1, 1974). With the aid of the American Occupational Therapy Association, full staffing was completed on November 1, 1974.

In order to present a comprehensive evaluation of the project, methodology is discussed within five project objectives. Methodology may be repeated within objectives to indicate how each goal was attained. The format is chronological, and divided into Major Activities and Performance Evaluation.

Objective No. 1 - P.O.R. Development

To develop a problem-oriented record keeping system (P.O.R.) as a means of establishing accountability for meeting client needs as assessed through the Adaptive Behavior Scale (A.B.S.).

The Adaptive Behavior Scale was selected as the instrument most appropriate for this purpose.* The Problem-Oriented-Record System (P.O.R.) focuses on goal-setting and the utilization of all direct-care employees as change agents. It's basic objective is to build accountability into the institutional training system.

Major Activities

August - October, 1974. Three meetings of Lynchburg and Forest Haven staff were conducted (August 29, September 5, and October 22, 1974) to plan joint training procedures for introducing the P.O.R. system and Life Skills Project to each center. For details of these meetings, see Objective No. 5.

In addition to these planning meetings, the Project Coordinator and Training Instructor at Forest Haven attended training sessions at the Northern Virginia Training Center in September and October for an introduction to the P.O.R. system and to experience the P.O.R. system in operation. Following this initiation, the Coordinator began developing instructional material within the RT-9 (Rehabilitation Research and Training Center, George Washington University) for visual aides to help introduce basic P.O.R. concepts to Forest Haven staff.

December 1974. Project staff attended the first training session on December 10, 1974 at Lynchburg. They examined Lynchburg's operational P.O.R. system and gained insight into methods of presenting the system to the remaining Forest Haven staff. Through the use of a slide set prepared by the Project Coordinator, the P.O.R. system was introduced to Area A and B Treatment Teams (key training teams) by December 12, 1974.

January 1975. On January 9, 1975 the counselor staff received direct training on goal planning. On January 15-16, 1975, a major workshop was held at Forest Haven to introduce approximately 144

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* The Adaptive Behavior Scale, published by the American Association for Mental Deficiency, is widely accepted and generally used in institutions serving developmentally disabled clients.

project staff, D.C. business people, Task Force members, and Forest Haven staff to the Life Skills Project. Participants assembled into several working groups (Mini-Teams), each group utilizing the P.O.R. approach in dealing with a particular client case. Evaluation sheets were used to determine the effectiveness of the trai ning workshop. (See results, Objective No. 3).

After A.B.S. scores were compiled on December 20, 1974, actual goal planning meetings were organized to relate the P.O.R. system to the A.B.S. The Forest Haven Task Force met on January 9, 1975, and planned the purchase of such equipment as eating utensils, mirros, cleaning materials, etc., so staff could begin establishing client goals and training. Throughout the next week and one half, direct P.O.R. goal planning training was given to night staff, the record committee, foster grandparents, teachers, and counselors. They were divided into Mini-Teams to plan goals for Area A and B clients (the target population). This goal planning was essential to the establishment of the P.O.R. system.

Through the help of Volunteer Services, a Mennonite volunteer was made available to the project on a full-time basis from January through June, 1975. This volunteer assisted with client training and helped establish the P.O.R. for Level I clients.

February - March 1975. Once goals were set, training began in Area B, which served as the living quarters for the highest client functioning level. Training included such classes as Personal Hygiene, Reading, Writing, Time, Money, and Socialization Skills. As training continued, the project staff began developing the P.O.R. system to be initiated at Forest Haven. To do this, the A.B.S. was first divided into four developmental areas:

Level I: The Master Problem List defines those areas of skills, knowledge, and behaviors designated by the A.B.S. as the highest levels of functioning. When those designated problems are solved, the client demonstrates capabilities for semi-independent living in the community.

Level II - Advanced: The Master Problems List defines those skills designated by the A.B.S. as necessary for successful adjustment in a structured and fully supervised community living situation such as a group or foster home.

Level II - Beginning: This is a preparatory level for acquisition of skills which will be needed for entry into Level II - Advanced. These skills are the basic independent living skills beyond the most elementary self-care skills.

Level III: This level includes acquisition of basic independent living skills such as self-feeding, toileting, walking. The skills required to self-feed, toilet oneself, etc., were identified on a pre-A.B.S. scale which will be designed as a downward extension of the A.B.S. after completion of the present project.

As part of this total plan, the levels were plugged into the P.O.R. framework. The A.B.S. was itemized and transferred as "problems" onto the P.O.R. record-keeping system. In this way, each level had a Master List of problems in the Life Skills areas. Staff was then able to look at the baseline from the A.B.S., check off the goals, and establish an individual treatment plan. This common format simplified record-keeping, appropriate grouping of clients, and goal-setting. Objectives were correlated with a Problem List. This Master List outlined training goals for each level. Teaching plans were then written to correlate with the Problem List and Objectives (See Objective Plans, Volume III).

A Problem-Oriented-Record system was established for two of the four levels by March 20, 1975. The record system for each level consisted of (1) a problem list (in which all problems were identified for each client), (2) an objective list (which stated specific objectives for working with each problem noted), (3) a procedures list (which described methods for training a client to accomplish certain objectives) and (4) an interdisciplinary notes section (where staff members working with the client noted any information dealing with the client's progress). This Problem-Oriented-Record was to be kept on each client tested with the A.B.S. Included on each problem sheet was information regarding a client's sensory defects, convulsive disorders, and any precautions necessary for working with the client. A space for the management device (Attitude Therapy) provided consistency of approach so that even a volunteer knew the basic information necessary to work toward designated goals with each client. The P.O.R. offered an individualized treatment plan for each client and a structured plan and system of evaluating staff training efforts. A P.O.R. folder was kept on each client so that information was readily accessible to anyone working with him/her. This system also provided for accountability by requiring staff members to initial the problem they were working on with the client so that they would be responsible for its correction. (See sample of P.O.R., Volume II).

By March 20, 1975, the P.O.R. was nearly completed for Levels I and II. It was decided that with the proposed time schedule, the Life Skills project could not begin work with the lowest functioning level and subsequently made plans to implement the P.O.R. in Jones Hall. All Level I clients were prepared for transfer to Jones Hall. This provided a more homogenous grouping for training, with all clients working toward the common goal of community living.

April 1975. Due to insufficient staffing, the P.O.R. was implemented for only a limited number of Level I clients living in Jones Hall by April 4, 1975. Then Voluntary Services recruited five students from the University of Maryland to do individualized training in the Life Skills areas. They worked in Jones Hall on Thursday evenings under the supervision of the Field Instructor and project staff. (The volunteers were interviewed on June 10 and 17, 1975. to determine how easily the program is initiated with those not receiving direct training.) (For questionnaire, see Appendix C.) It was possible to complete the P.O.R. on over forty-five Level I clients by May 16, 1975.

Staff members, volunteers, and the Life Skills Project Staff worked with clients on many of the deficiencies included in the P.O.R.'s. Vocational Rehabilitation also worked on areas of the P.O.R., including work habits, job performance, self-direction, responsibility, cooperation, and social maturity.

On April 30, 1975, a Life Skills workshop was conducted by Project Staff. The Transitional Services Unit, a unit comprised of Forest Haven staff and designed to be responsible for the deinstitutionalization of Level I clients, was given the opportunity to work through the P.O.R. on a given client to obtain a better understanding of the system. Evaluation sheets were completed on the overall workshop. (See Objective No. 3).

June 1975. Beginning in June, Forest Haven Transitional Services assumed responsibility for continuing and further developing an intensive client training program. To facilitate this training, the P.O.R. was divided into four course levels. (1) Homemaking, (2) Budgeting and Money Handling, (3) Independent Functioning, and (4) Communication. Instructors from Forest Haven were assigned to each area. On June 16, 1975, these instructors and Level I clients met and established class schedules at a Transitional Technical Institute (TTI).

These evening classes, staffed from Forest Haven, commenced on June 16. They continue to be held two evenings per week at the Mary Ziegler School. The P.O.R. objectives and the Life Skills curriculum are used as the basis for all training. (For class schedule, see Appendix D.)

To date, the P.O.R. has been initiated only in Level I. It is in operation at Forest Haven and two group homes in the District of Columbia. The Problem-Oriented-Record Through Life Skills (PORTLS) project has been proposed as a continuation of the present program.

Performance Evaluation

Three performance standards were set for meeting the first objective:

1. Selection of a qualified staff to direct the Life Skills Project.
2. Implementation of the P.O.R. system at Forest Haven by everyone involved in staff training.
3. Initiation of and functioning P.O.R. system in Forest Haven by project completion date.

The professional staff was hired after each had submitted an application with recommendations and was interviewed. They were selected according to the qualifications set forth in the proposal.

Professional meetings were held August 29-December 10, 1974, to plan the actual training workshops for Forest Haven staff. These training workshops consisted of training programs on Team Approach, Attitude Therapy, and the A.B.S., and all staff received training from at least one of these workshops. The P.O.R. System of Accountability was established at Forest Haven in conjunction with the A.B.S. and is functioning for all Level I clients. The P.O.R. was also designed for Level II, but was not initiated because of the time limit involved.

A Transitional Technical Institute, staffed by Forest Haven staff, used the P.O.R. objectives and the Life Skills approach to establish an intensive training program for the clients from June 16-October 26, 1975.

Interviews were held with five volunteers working on Tuesday evenings and with two full-time volunteers from Volunteer Services. These volunteers did not participate in any formal training workshops but received some indirect training in the use of the P.O.R. system and the Life Skills approach. A questionnaire was designed to determine how the volunteer felt about the Life Skills approach and to determine if this program could be implemented without intensive training.

Interviews were held during the actual client training sessions on Tuesday evenings. The volunteers, interviewed individually, were instructed to answer "yes," "no," or "uncertain" to each question. The mean score results suggest that the P.O.R. system using the Life Skills approach helped the volunteer identify his role more quickly and supplied sufficient information to assess clients needs and establish goals for meeting these needs. (See Table 2.) Although no one signed off "objectives met," volunteers noted changes in the clients due to training. They did not have sufficient time to spend with each client (one hour a week) and indicated that more staff and volunteer help was needed.

Minutes were recorded for all Project Staff meetings, Forest Haven staff meetings, and training workshops. Analysis of these minutes provide evidence that performance standards were met.

Table 2.

Mean Scores Obtained from Results Of Volunteer Questionnaire on P.O.R.

(N = 7) (Total possible score/question = 2.0)

	Question	Mean Score
1.	Has P.O.R. system supplied enough info. to assess client's needs?	1.71
2.	Are you interacting with other staff to formulate goals for the clients?	1.57
3.	Do you, as a volunteer, feel this format gives you enough information to help the client meet goals?	2.0
4.	Do you feel that the client is benefiting from the program?	2.0
5.	Have you noted changes in any client's behavior?	1.71
6.	Do you have sufficient time to spend with each client?	.57
7.	Do you feel more staff and volunteers are needed?	2.0
8.	Do you feel that the P.O.R. system builds accountability into the program?	1.86
9.	Would you recommend use of the Life Skills P.O.R. system in other institutions?	1.86
10.	Have you signed off any "objectives met" on P.O.R.?	.86
11.	Does this Life Skills format help you identify your role more quickly?	2.0
12.	Does this system provide you with reinforcement?	2.0
13.	Do you consider your exposure to this system a good experience?	2.0
14.	Have you recommended other volunteers to use this approach?	1.0

Objective No. 2 – A.B.S. and Client Training

To develop and test Life Skill objectives and appropriate learning activities using periodic assessment techniques through which staff can help individual client correct weaknesses and build necessary personal and social competencies for deinstitutionalization.

This section of the final report is concerned with implementation of the Adaptive Behavior Scale (A.B.S.) by Forest Haven staff as a means of establishing a reliable P.O.R. for each client. When combined with the P.O.R., these systems provided an effective rating scale to identify strengths and weaknesses in areas of potential adjustment for satisfactory living outside the institution. The A.B.S. itself is a scale which defines levels of functional behaviors (or Life Skills). (For sample of A.B.S., see Volume II.) From an A.B.S. profile, staff can determine individual needs for training in Life Skills, establish priority needs for training, and set goals for individualized treatment programs. Because the A.B.S. was previously administered to students in the Mary Ziegler School in 1972, it was also considered to be a particularly useful tool for noting individual client progress on a longitudinal basis.

Major Activities

Forest Haven clients are divided into two areas, Area A and Area B, according to certain functioning levels. (For example, Area B has more able clients who are a step below community living). Because of this distinction, two area training teams were established, Area A Team and Area B Team. Each treatment team was composed of an educator, psychologist, Registered Nurse, Senior Counselor, social worker, and used the area manager as leader. The teams served as administrators of the A.B.S. and as trainers for line staff. (For list of members, see Appendix E.)

November - December 1974. The Adaptive Behavior Scale was introduced to Area B staff on November 1, 1974, as a means of testing clients thirteen years of age and older. At this training meeting it was explained how to administer and score the A.B.S.

In the days following the meeting, the Area B treatment team administered the A.B.S. to the clients of Jones and Collier Hall (Area B clients). To insure accurate evaluation and to promote communication, ratings were completed by two people most intimately involved with each client. In most cases, the cottage counselor and the teacher from Mary Ziegler School were used as raters. The results of this test provided the staff with a baseline of functioning so they could establish initial training for each client.

On November 14, 1974, a training team planning meeting was conducted with the project and administrative staff. Any problems encountered by the Area B treatment team were discussed and the training meeeting for Area A treatment team was planned.

The introduction of Area A into the project took place on November 19, 1974, with an area team meeting. Before training began, the treatment team filled out a questionnaire on A.B.S. concepts. (A questionnaire on team functioning was also given at this time. Toward the conclusion of the project both questionnaires were readministered to determine if training was successful. Both tests will be documented later in the performance data listed under Objective #3.) At this meeting, the Life Skills Project and its purposes were explained with instructions on administration of the Adaptive Behavior Scale. The treatment team was then instructed to begin A.B.S. testing on clients of Oak, Magnolia, Maple, and Camelia Cottages.

By November 29, 1974, all the A.B.S. results were scored for Area B by the Field Instructor and put into graphic form. A xerox copy of each client's Profile Summary was made and distributed to all involved counselors. These profile summaries assisted counselors

in assessing the strengths and weaknesses of their clients, so that appropriate training could increase client functioning levels.

Five of the clients in the Life Skills Project had been tested in 1972 and 1974. We This period was considered as a "control" period for comparing A.B.S. results with the new ratings obtained from the A.B.S. during the experimental period of November, 1974 to June 1975. The only difference between the periods covered by these ratings was the introduction of the Life Skills training (Nov., 1974 - June, 1975).

By December 20, most of the A.B.S. results were scored for Area A. Also received at this time were the scores from seven clients at the Occupational and Training Center who were included in the project.

Approximately ninety members of the Forest Haven staff, including the Mary Ziegler School staff and representatives from three shifts, attended an A.B.S. training session on December 19, 1974. Direct training of the line staff in the use of A.B.S., P.O.R., and Goal Planning techniques also continued through January. This training was provided for counseling staff, night staff, the record committee, foster grandparents, and teachers to prepare them for client training.

January - May 1975. After completion of A.B.S. scoring, general training began on January 13, 1975 for Area B clients of Collier and Jones Hall. (For list of instructors, see Appendix F.) A client from each training program was designated "Group Supervisor." The duties of the supervisor were to work with the instructor and to assist with training of other clients. All supervisors wore a plastic identification card stating name and type of training in which they were involved. Other clients in the group were identified as "students" and wore cards stating the Life Skill on which they were working. These client identification cards reinforced learning by making others aware of skills being mastered.

Training proceeded as scheduled, and for the next month, project staff developed the format for training materials and wrote the curriculum plans. The format combined the Life Skills objectives as defined in the A.B.S. with the Problem-Oriented-Record System of accountability. A.B.S. items were divided into four levels and put into the P.O.R. framework. (Refer back to Objective #1 for more information on the four levels.) This division simplified record-keeping and, most importantly, helped in the grouping of clients to simplify goal-setting.

Jones Hall was made the transitional unit for the group of clients who scored highest on the A.B.S. This meant that all Level I's, both male and female, were to be moved to Jones Hall. Due to problems of staffing at the facility, this move was still in the planning stage at project completion, but should be completed by the end of July. Client training continued as planned despite this drawback and preparations were made to place clients in their proper levels.

March 1975. The A.B.S. was given to clients in Dogwood and Elm Cottages March 3 - March 14, 1975. Except for the clients living in the men's half-way house, this completed the testing planned for the project. To complete the major training efforts, a meeting was held on March

12, 1975, and the remaining Forest Haven staff were given instructions on how to score and interpret the A.B.S.

Scoring of the A.B.S. was completed and clients were placed in their respective levels. To qualify for placement in Level I the client needed ratings on the A.B.S. which placed him/her in the 70th percentile or above on Part I and in the 50th percentile or below on Part II. Approximately 50 clients met the qualifications for being assigned to Level I.

April 1975. The Life Skills training based on the A.B.S. and made accountable through the P.O.R. was initiated in Level I by April 4, 1975. By the end of the project, over eighty-three direct and intensive training classes were held with Level I clients. A similar training schedule will be initiated in Levels II and III during the coming year. (See Master Schedule, training schedule, Appendix G.)

June 1975. On June 10, 1975, a Life Skills training program was initiated at the Men's Halfway House. The houseparent served as chief instructor, and based training on the P.O.R.'s established for each client.

On June 27, 1975, graduation was held for twelve Level I clients participating in Life Skills classes. The majority of clients in this class were long-term clients. Ages ranged from 22 to 65 years with an average age of 40.4 years, and an average length of institutionalization of 26.5 years. (Until the Life Skills Project, no training had been given.) Of these twelve clients, six graduated with 100 hours of training and six graduated with approximately 85 hours. Training included all broad categories of the A.B.S. with concentration on telling time, money handling and budgeting, grooming, socialization, self-direction, language development, work habits, and independent functioning. Although this was a special Life Skills program conducted first in the living area and then in the classroom of the Mary Ziegler School, it was a cooperative effort between the Project Staff and the counselors of Collier Hall. Success of the total effort was dependent upon this mutual support. The Field Instructor served as model teacher for the counselors.

To complete the 1974 Life Skills project, the A.B.S. was readministered to twenty Level I clients during the second week in June. It was administered to determine if changes occured in the A.B.S. scores from the beginning to the completion of client training. The remaining Level I clients will be retested during the coming months.

Performance Evaluation

The following performance standards were set for Objective #2:

1. All Level I staff of Areas A and B know how to administer, score, and interpret the A.B.S.
2. All clients of target population were tested using the A.B.S. and placed in appropriate levels.
3. Curriculum development process met accepted curriculum design and evaluation criteria.
4. Life Skills Training program initiated for Level's I and II.

Direct training in the use, scoring, and interpretation of the A.B.S. took place during five meetings with staff at Forest Haven while numerous indirect, on-the-spot training sessions were held throughout the entire project. (See Master Schedule, Appendix F.) By the end of March, the A.B.S. had been administered to the clients of Jones, Collier, Oak, Magnolia, Maple, Camelia, Dogwood, and Elm Cottages, and the men's half-way house. Because of the time factor involved, only those clients from Level I received training. This individualized training was based on Life Skills established from the A.B.S. test scores and plugged into the P.O.R. system of accountability. To date, over 83 training sessions have been conducted with Level I clients at Forest Haven. Minutes from the planning and training meetings were used for evaluation purposes. All clients received the A.B.S. test indicating staff understood A.B.S. administration and scoring procedures.

At the formal graduation ceremony held June 27, 1975, for twelve Forest Haven clients completing approximately 85-100 hours of training, verbal feedback from clients was recorded. The success of the Life Skills Approach may be evidenced in the following statements made by the clients:

"I enjoyed being in this class. I accomplished a lot."

"I had come to class every day. The counselors and teachers brought me a long way. I have learned how to count money and read and do different things that I never knew before."

"I really enjoyed this class. I came a long way."

"I'm glad to be in this class. I learned how to write my own name. You have been very good to me."

"I appreciate coming to class. They started me helping myself."

Throughout the project year, the A.B.S. was administered twice to twenty representative Level I clients. Approximately six months lapsed between testing dates. Before analyzing the resulting data, it must be clarified that the A.B.S. is divided into two parts: Part 1, designed to measure areas needed for independent community functioning; and Part 2, designed to measure unacceptable habits. Optimum performance is indicated by high scores on all catagories of Part 1, and low scores on all categories of Part 2. Included in the A.B.S. are 24 areas such as Independent Functioning, including eating skills, toilet use, cleanliness, etc.; Physical Development, including sensory development, motor development, etc.; Economic Development, including money handling and budgeting, shopping skills, etc.; Violent and Destructive Behavior; Anti-Social Behavior; and 19 other major areas with subgroupings.

The mean scores from the 1974 and 1975 A.B.S. scores of the clients were tabulated for each category of the A.B.S. and the percentage change calculated for each. (See Table 3.) Results indicate a trend toward positive changes in all categories. Optimum performance in Part 2 of the A.B.S. is indicated by a low score; therefore, although the percentage changes are given in negative numbers, they indicate a positive change. A percentage change of 10 percent or above was calculated for all categories under Part 1, excluding the following:

Table 3

Percentage Changes in Mean Scores Obtained From Results on the A.B.S. of Twenty Level I Clients

(N = 20)

		Mean Scores Oct.-Nov. 1974	Mean Scores June 1975	Percentage Change
LIFE SKILL (PART 1)				
I.	Independent Functioning	75.25	79.90	6.18%
II.	Physical Development	81.35	93.60	15.06
III.	Economic Activity	72.70	87.50	20.36
IV.	Language Development	63.70	74.45	16.88
V.	Numbers & Time	67.75	75.85	11.96
VI.	Domestic Activity	83.45	88.70	6.29
VII.	Vocational Activity	64.95	76.05	17.09
VIII.	Self Direction	50.85	56.25	10.62
IX.	Responsibility	81.90	83.25	1.65
X.	Socialization	85.15	90.80	6.64
	Total Mean Score	72.71	80.64	10.91
LIFE SKILL (PART 2)				
XI.	Violent & Destructive Behavior	21.45	15.75	−26.57
XII.	Anti-Social Behavior	55.10	29.25	−46.91
XIII.	Rebellious Behavior	59.50	49.45	−16.89
XIV.	Untrustworthy Behavior	58.70	37.6	−35.95
XV.	Withdrawal	34.45	16.95	−50.80
XVI.	Stereotyped Behavior and Odd Mannerisms	22.25	14.05	−36.85
XVII.	Inappropriate Interpersonal Manners	28.10	16.25	−42.17
XVIII.	Unacceptable Vocal Habits	45.70	34.6	−24.29
XIX.	Unacceptable or Eccentric Habits	34.60	9.0	−73.99
XX.	Self-Abusive Behavior	4.50	4.25	− 5.60
XXI.	Hyperactive Tendencies	34.65	19.85	−42.71
XXII.	Sexually Aberrant Behavior	32.95	15.6	−52.66
XXIII.	Psychological Distrubances	64.85	45.6	−29.68
XXIV.	Use of Medications	34.70	27.75	−20.03
	Total Mean Score	37.96	24.00	−36.78

I. Independent Functioning
II. Domestic Activity
IX. Responsibility
X. Socialization

A percentage change of 20 per cent or above was calculated for all categories under Part 2 of the A.B.S., excluding the following:

XIII. Rebellious Behavior
XX. Self-Abusive Behavior

To further facilitate data analysis, the percentage change for the 1974 and 1975 total mean scores were calculated. The results show a 10.91 and 36.78 per cent change for all categories in Part 1 and Part 2 of the A.B.S., respectively. Since these changes were observed over a six month period, the preliminary results are most encouraging. The overall average improvement in behavior may be interpreted to point out effectiveness of Attitude Therapy; although no special plans were followed to change behavior, staff approached clients with a Matter-of-Fact Attitude which builds in expectancy for normal behavior.

A.B.S. scores from 1972 were also available on five on these twenty Level I clients. These scores were converted to the revised 1974 standards and together with the 1974 and 1975 scores were charted to determine positive and negative changes in client functioning levels for each major category of the A.B.S. (Figures 1-24). Included with each chart is a short summary of client progress from A.B.S. scores obtained during the training year, 1974-1975. The 1972 A.B.S. scores were plotted to show the two year period preceding instruction of any kind. When interpreting the results, consideration must be given to the fact that each client was scored by two staff members. To improve precision and accuracy of the data in future testing, each client will be evaluated by minimum of three staff members.

Generally speaking, the charts suggest individual improvement in the following areas:

Part 1 of A.B.S.
I. Independent Functioning
III. Economic Activity
IV. Language Development
V. Numbers and Time
VI. Domestic Activity
VII. Vocational Activity
VII. Self-Direction
X. Socialization

Part 2 of A.B.S. -
XII. Anti-Social Behavior
XII. Rebellious Behavior
XIV. Untrustworthy Behavior
XVII. Inappropriate Interpersonal
XIX. Mannerisms
XXIII. Unacceptable or Eccentric Behavior
Psychological Disturbances

As was stated previously in the report, clients received training in telling time, money handling and budgeting, grooming, socialization, self-direction, language development, work habits, and independent functioning. The results indicate that a relationship exists between the Life Skills training and improvement in the functioning level of clients.

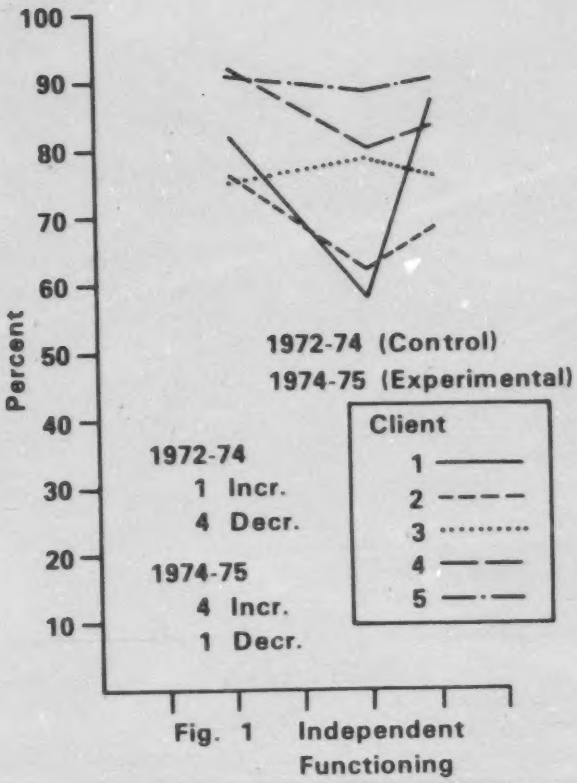

Fig. 1 Independent Functioning

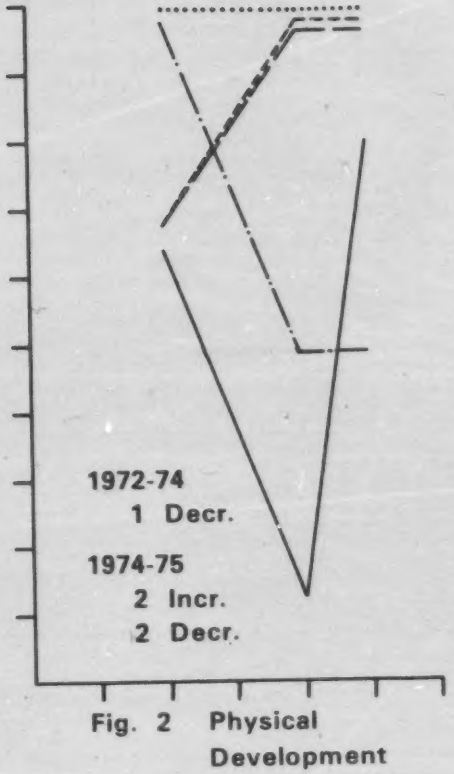

Fig. 2 Physical Development

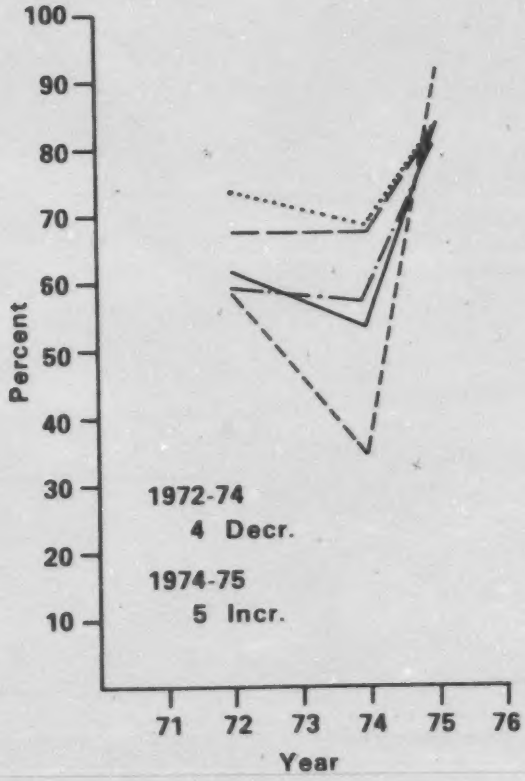

Fig. 3 Economic Activity

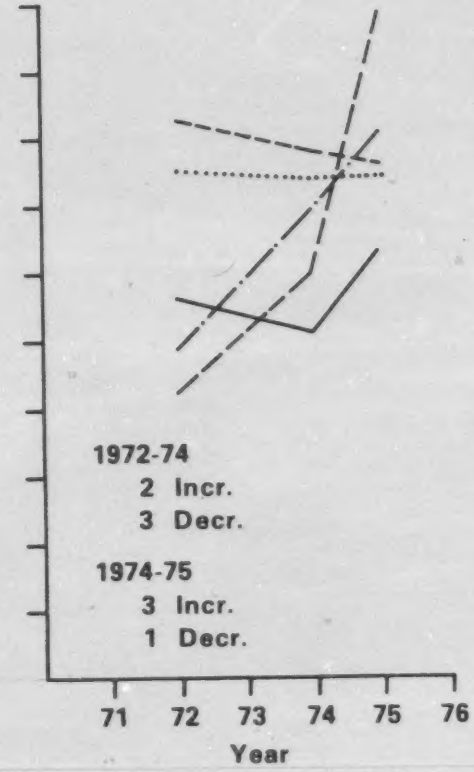

Fig. 4 Language Development

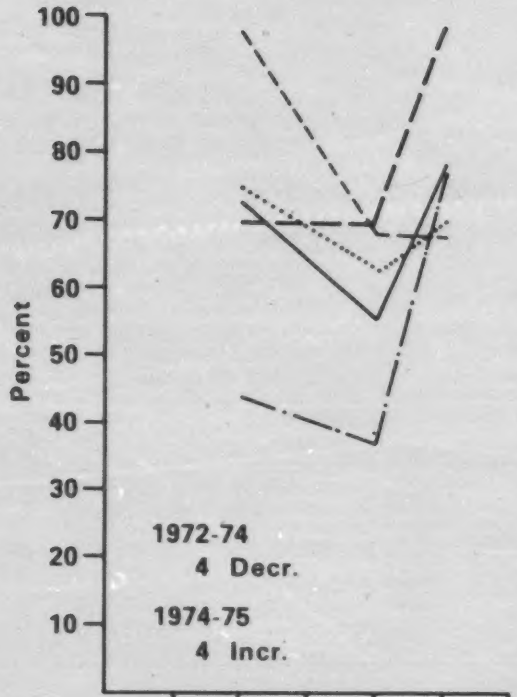

Fig. 5 Numbers and Time

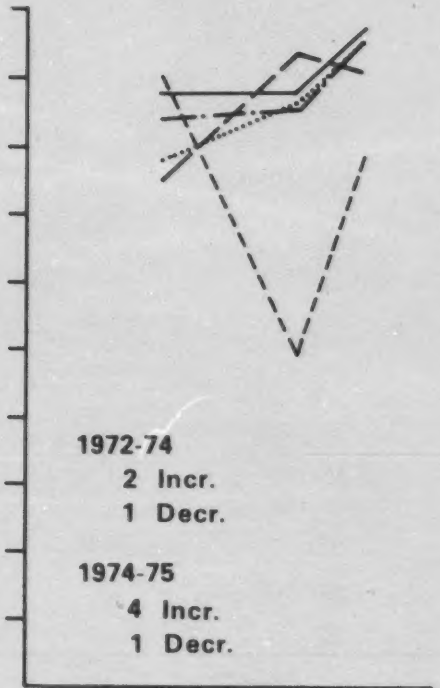

Fig. 6 Domestic Activity

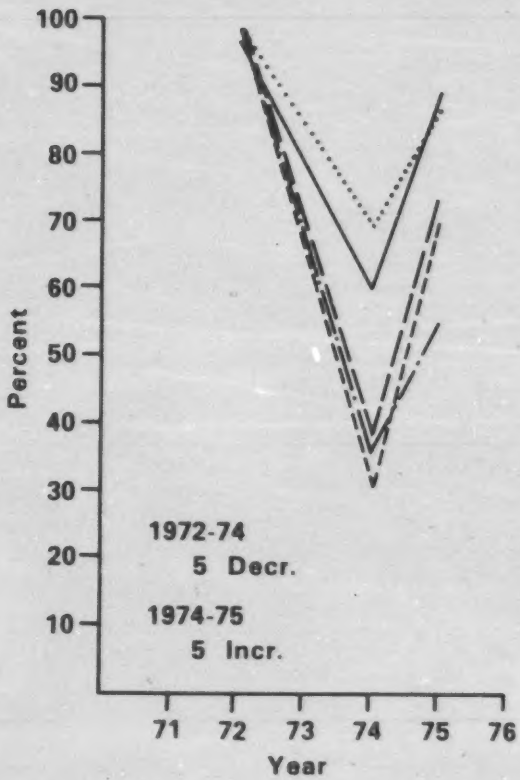

Fig. 7 Vocational Activity

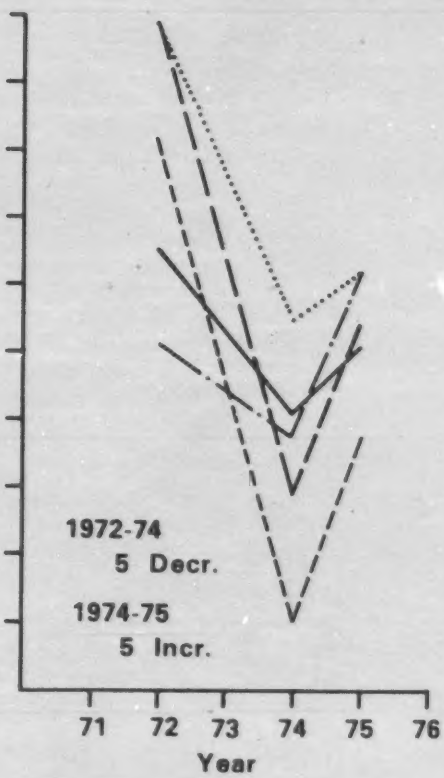

Fig. 8 Self-Direction

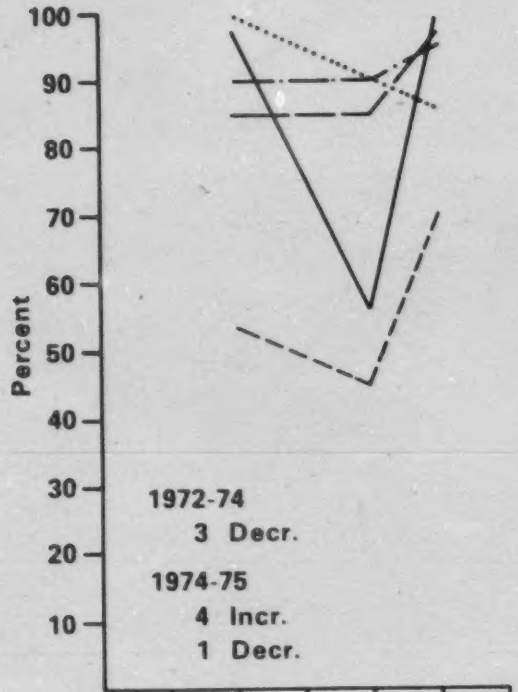

Fig. 9 Responsibility

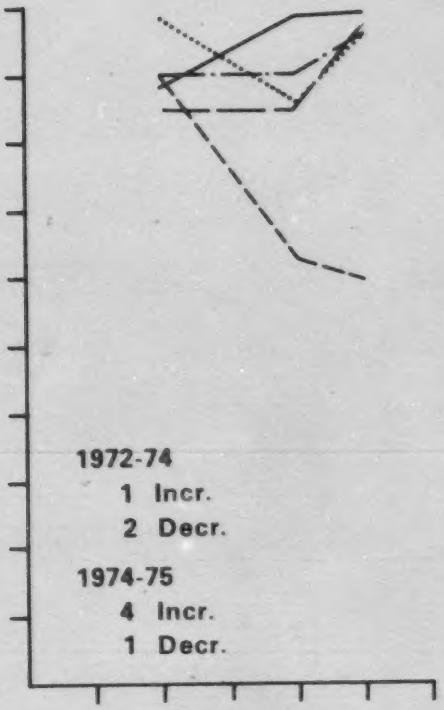

Fig. 10 Socialization

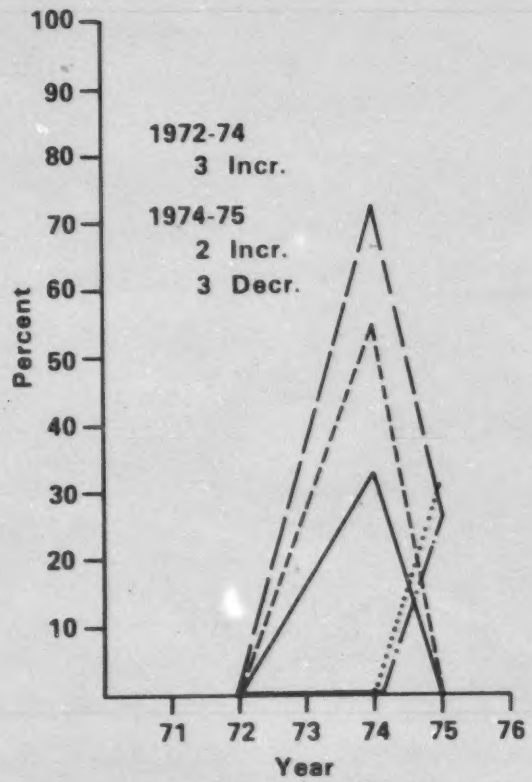

Fig. 11 Violent and Destructive Behavior

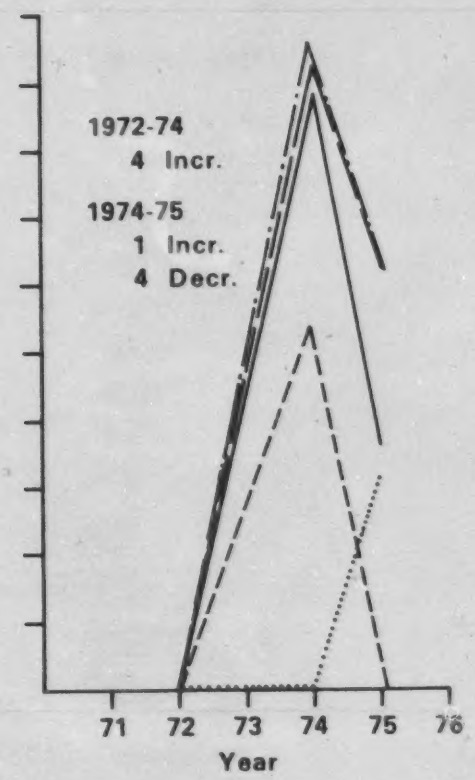

Fig. 12 Antisocial Behavior

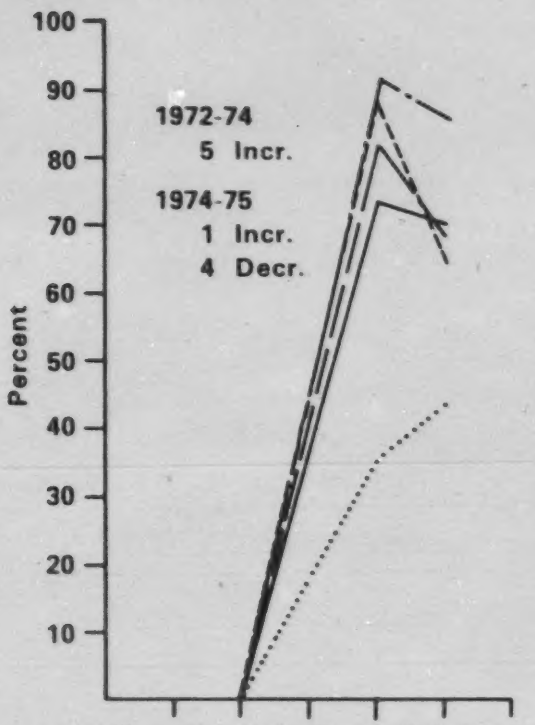

Fig. 13 Rebellious Behavior

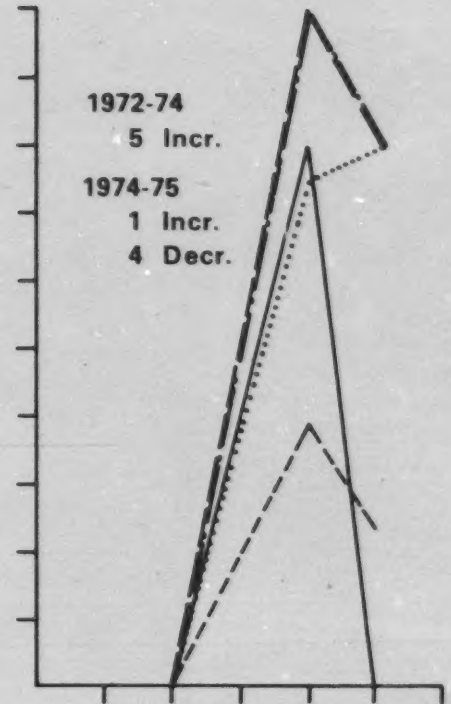

Fig. 14 Untrustworthy Behavior

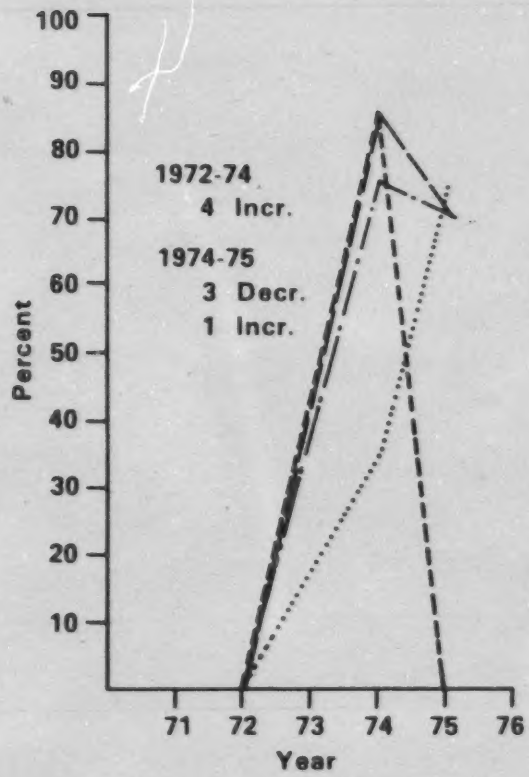

Fig. 15 Withdrawal

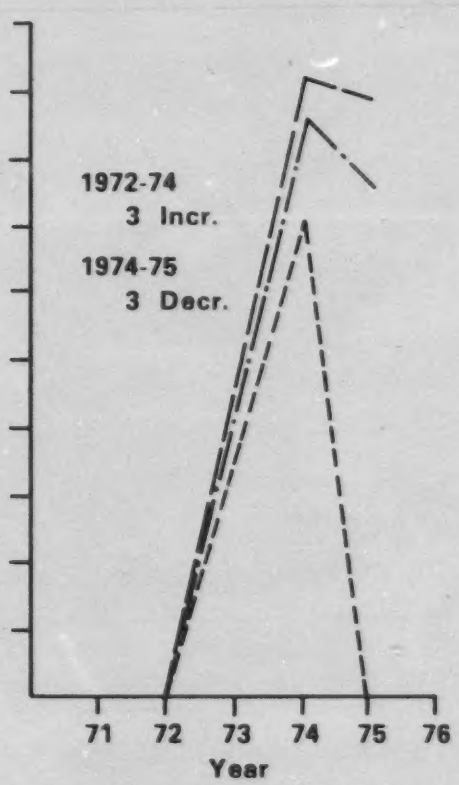

Fig. 16 Stereotyped Behavior and Odd Mannerisms

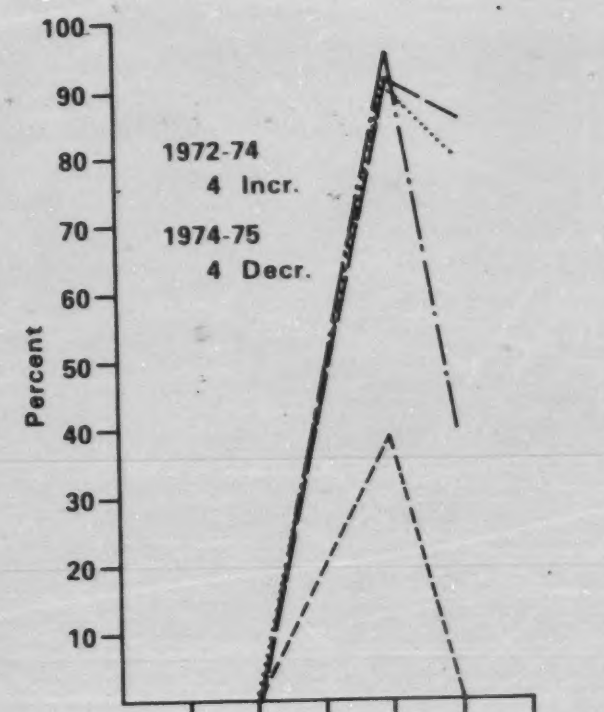

Fig. 17 inappropriate Interpersonal Mannerisms

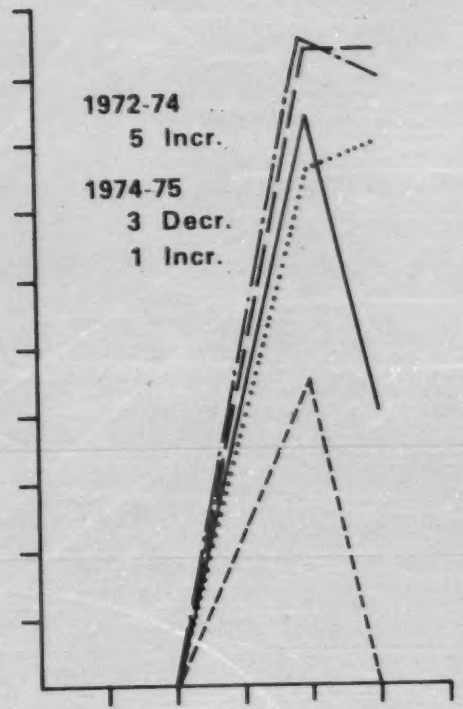

Fig. 18 Unacceptable Vocal Habits

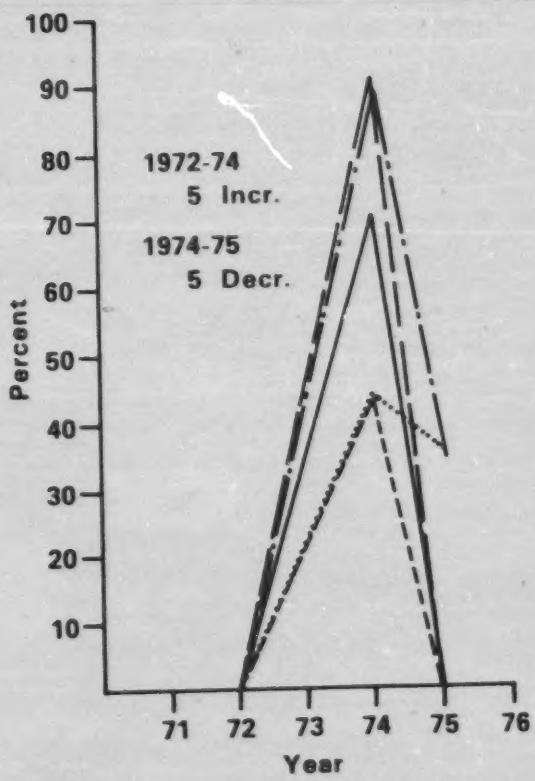

Fig. 19 Unacceptable or Eccentric Habits

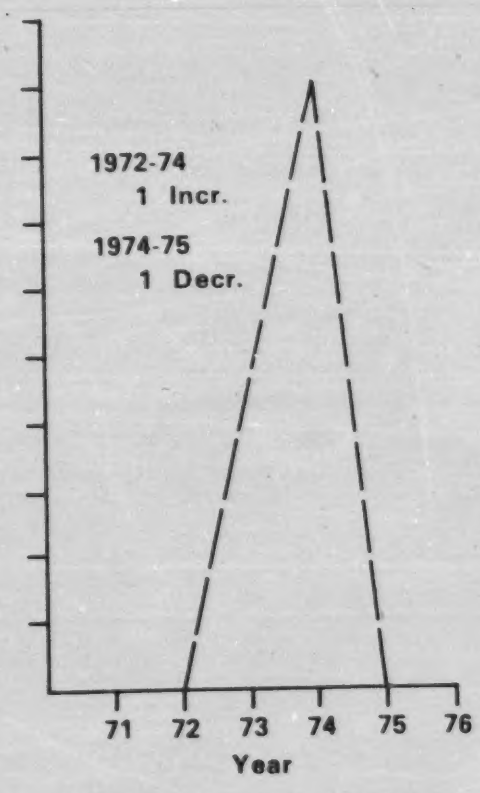

Fig. 20 Self Abusive Behavior

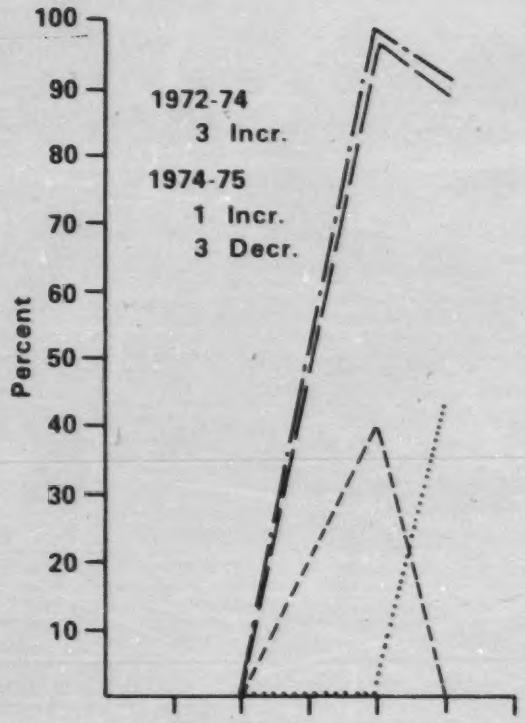

Fig. 21 Hyperactive Tendencies

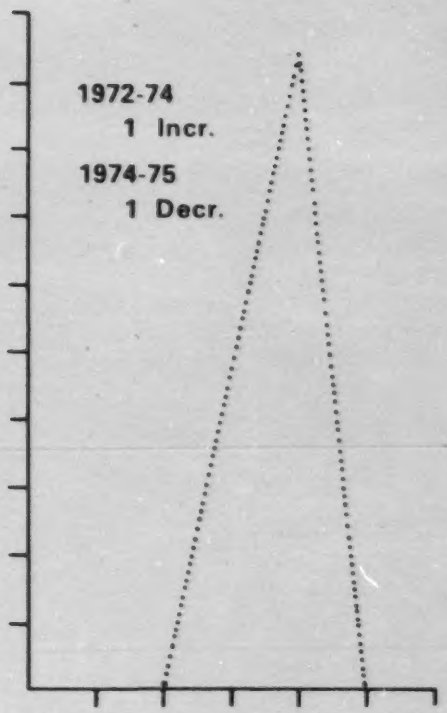

Fig. 22 Sexually Abberant Behavior

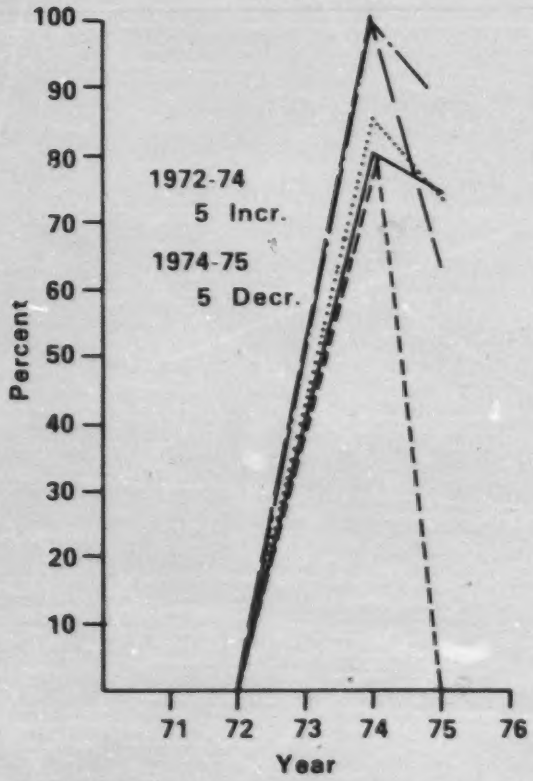

Fig. 23 Psychological Disturbances

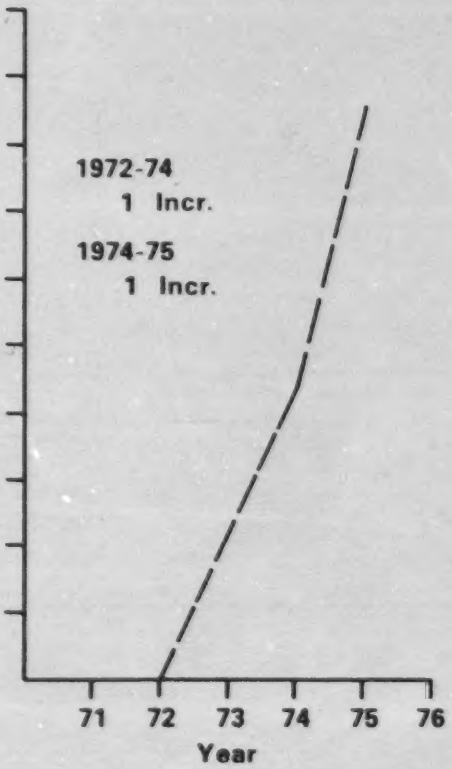

Fig. 24 Use of Medications

The Life Skills Project has also assisted fifteen clients from Forest Haven who have been deinstitutionalized and subsequently placed in apartments, ladies' community homes, and men's half-way houses. These clients are working in a community under Forest Haven guidance. Various other clients have been placed in community jobs, but reside in the institution.

Objective No. 3 - Training Workshop

To develop and test a training workshop model to instruct staff in utilization of a Life Skills approach in carrying out their respective responsibilities.

The success of the Life Skills Project was largely dependent on two factors: (1) knowledge of the A.B.S. and its use in combination with the P.O.R. system of accountability, and (2) staff team efforts in designing goals for each client and in developing and implementing management techniques to insure their attainment.

Life Skills training components were developed to give staff and clients concrete curriculum materials and suggestions necessary to help the client reach these goals. This section of the report deals with those training components utilized in training staff for implementation of the A.B.S. and P.O.R. during the project year. Also included in the documentation are those workshops which taught the concepts of team functioning and Attitude Therapy.

Major Activities

Prior to actual training sessions of Forest Haven staff, the Project Staff met on several occasions to plan the framework and rationale for training. It was decided that the following concepts would be included in training:

1. Team approach. This was considered necessary to reinforce participatory management as a systems approach to communication, and to tighten controls for consistent reinforcement in teaching Life Skills.

2. Attitude Therapy. This was considered necessary to provide consistency in the therapeutic environment and to help change staff attitudes from "helper" to "facilitator."

3. Use of the P.O.R. This was considered necessary to develop an institutional atmosphere of expectancy, a movement forward toward community placement. It also concentrated on goal-setting behaviors for the staff. Staff were to pin-point, remediate, evaluate, and be accountable for, changes of behavior.

4. Use of the A.B.S. in combination with the P.O.R. system. This was considered necessary so staff would establish baselines for clients in Life Skills and focus on their strengths and problems in relation to independent or semi-independent adjustment in the community. It would also focus staff attention on immediate and long-range goals and provide checks for accountability on change, by providing evaluations which would serve as a goal-setting and goal attainment system for staff and client.

October 1974. These four concepts provided the basis for all staff training at Forest Haven. Once established, a planning meeting was held with Lynchburg Training Center at Forest Haven to determine how the Lynchburg Training School and the Life Skills Project would conduct their joint training efforts. At this meeting (October 22, 1974) the needs of both institutions were discussed and plans were made to conduct two major cooperative training sessions. In exchange for initiating the Life Skills project to Lynchburg staff, Lynchburg would help train Forest Haven staff in the use of the P.O.R.

November - December 1974. The first direct staff training session was held at Forest Haven on Nobember 1, 1974, for Area B treatment team, and on November 19, 1974 for Area A treatment team. These treatment teams, the key training cadre responsible for training line staff, were given an orientation to the total project -- including a description of the target population, project staff, and objectives, and target dates for implementation, testing, and training within the institution. The activity director then distributed A.B.S. forms and instructed the team in their use. Before training, Area A team was given a pre-test on the A.B.S. Both teams received a pre-test on team functioning. This test determined what training was needed to develop the team approach concept. (See tests in Volume II).

From November 19-29, 1974, and from December 2-6, 1974, on-the-spot indirect training and guidance on the use of the A.B.S. took place in Oak, Magnolia, Maple, and Camelia Cottages. Training was conducted by treatment teams and included senior counselors and counselors.

On December 6, 1974, a meeting was held with teachers of the Mary Ziegler School. Goals for the Life Skills Project were discussed and administration of the A.B.S. was explained. Every teacher was held responsible for the A.B.S. client rating on each of his students involved in the project.

The first joint training workshop between Lynchburg Training School, U.A.F. of Georgetown University, and Forest Haven, was held on December 10, 1974. The Forest Haven Project Staff gained insight into the Lynchburg P.O.R. system while presenting information about their Life Skills Project to Lynchburg staff.

Approximately ninety Forest Haven staff members attended the next training session on December 19. The group included the Mary Ziegler School staff and staff from three shifts. Much of the training time was spent in introducing the team concept and the concept of deinstitutionalization as a total team effort. A brief report was given on the results of the A.B.S. testing and the use of the A.B.S. as a baseline for identifying and teaching appropriate Life Skills. Slides were used to facilitate presentation of concepts. The Mini-Team concept was also discussed and plans were made to set up a Mini-Team consisting of two counselors and the client's school teacher for each client involved in the project. Pre-tests on P.O.R. and attitudes toward the retarded were administered. (See tests in Volume II).

January 1975. The concept of Attitude Therapy was presented to the executive staff of Forest Haven at a training session held on January 2, 1975. A brief review of the team concept and training model was also presented. A pre-test on Attitude Therapy was administered. (See tests in Volume II.)

The counseling staff received direct training in goal planning on January 9. The concept was introduced through slides which were then evaluated for effectiveness. Plans were made to initiate this training to all employees.

The second major joint training workshop was conducted on January 15-16, 1975. The participants included nine Task Force members, five District of Columbia business people, six project staff, and twenty-six Forest Haven counselors, thirty-seven teachers, ten registered nurses, and thirty-nine other staff members. After an introductory speech on deinstitutionalization, a description of the Life Skills project was given, emphasizing communication aspects of the P.O.R. and the A.B.S. The Mini-Team concept was explained, again stressing the communication factor. The Mini-Team was the means by which all staff levels would participate in setting goals for the individual client. The value of the A.B.S. was explained, not only as a baseline from which to begin the P.O.R., but as a device for illuminating discrepancies and agreements in communication. The participants then divided into several working groups to simulate a Mini-Team utilizing the P.O.R. approach in dealing with particular client cases.

The Attitude Therapy concept was presented in the afternoon session. Again, the participants divided into the same working groups to practice correlation of attitudes to particular case histories.

The program was closed with a talk by the Unit Director of Lynchburg Training School and Hospital on how P.O.R. had been instituted and was working at this institution. Combination pre- and post- tests and evaluations sheets distributed at the beginning of the sessions, were collected. (See tests in Volume II.)

From January 22 - January 30, 1975, the professional staff gave direct and indirect training to the night staff, record committee, foster grandparents, teachers, and counselors of Forest Haven. They received training on the A.B.S., P.O.R., Goal Planning, and Attitude Therapy. The Career Development Staff received this training with special emphasis on Attitude Therapy on February 3. Several other direct training sessions were conducted with various staff members until project completion. (For these meetings, see Master Schedule, Appendix G.)

February 1975. A Mini-Team for each Area A client (in the project) was organized by February 26, 1975. (See list of Mini-Teams, Appendix H.) Each teacher and counselor involved in a Mini-Team was sent a list specifying Mini-Teams and the clients with whom each team would be working. The teams then met with each other and established goals and management techniques for clients. These Mini-Teams continued to meet throughout May.

March 1975. On March 21, 1975, all staff working with Level I clients were instructed in the use of the individualized record-keeping system. All participants worked through the P.O.R. system, including the Problem List, Objectives, Curriculum Plans, and Interdisciplinary Notes.

April 1975. A final workshop for Forest Haven staff involved with Transitional Services was held on April 30, 1975. Topics discussed during the workshop included Team Functioning, Attitude Therapy, the A.B.S., and the P.O.R. System. Workshop participants worked through a P.O.R. on a given client to obtain a better understanding of this record-keeping system. The participants then evaluated the workshop. (See Evaluation Sheet, Appendix I.)

June 1975. A Transitional Technical Institute was held at the Mary Ziegler School auditorium on June 16, 1975 with Transitional Services, a group composed of Forest Haven staff and Level 1 clients. At this meeting, clients and teachers were introduced and class assignments were made. These people are participating in intensive training classes held on Monday and Wednesday evenings at Forest Haven, using the Life Skills objectives.

Four performance standards were set for meeting objective no. 3:

1. Usable training materials were developed.
2. All trainees demonstrated competency in using assessment techniques for diagnostic and educational programming purposes.
3. Cooperative efforts of the Mini-Teams facilitated establishment of goals and management techniques for clients.
4. Model workshop introduced all concepts of Life Skills project to Forest Haven staff.

Training materials in deinstitutionalization, communication devices, and management techniques, were prepared for the model workshop and training sessions. These included printed hand-outs, self-instructional materials for staff, and slide presentations.

Direct and indirect training sessions were conducted throughout the project to teach Life Skills concepts. Two of these sessions were major cooperative workshops. Only 50 percent of the questions received perfect 4.0 mean scores, indicating more intensive training in theory was needed on the A.B.S. concept.

A pre-test on A.B.S. concepts was administered to Area A treatment team on November 19, 1974. The members were to answer "True," "I think so," "I don't know," or "False" to each question. Each response was awarded 4, 3, 2, or 1 points respectively. The test was readministered during the second week of June, 1975 and mean scores compared for percentage change. (Table 4). Results show that positive percentage changes occured in mean scores for all but one question, suggesting learning had occured. Only 50 percent of the questions received perfect 4.0 mean scores, indicating more intensive training in theory was needed on the A.B.S. concept.

Table 4

Percentage Changes in Mean Scores Obtained From A.B.S. Knowledge Test Administered to Area A Staff

(N = 13 Pretest; N= 6 Post-test) (Total possible score/question = 4.0)

	Question	Mean Score Nov. '74	Mean Score June '75	Percentage of Change (%)
1.	The Adaptive Behavior Scale measures the effectiveness of in individual coping skills.	3.15	3.50	11.11%
2.	For purposes of deinstitutionalization, the A.B.S. is more appropriate than an I.Q. test.	3.15	4.00	26.98
3.	The A.B.S. will help staff describe an individual's daily functioning.	3.30	4.00	21.21
4.	Part One of the A.B.S. measures the development of personal independence in daily living.	2.77	3.83	38.27
5.	Part Two of the A.B.S. measures maladaptive behavior.	2.54	3.83	50.79
6.	If the person scores high on the A.B.S., he/she is probably ready for good adjustment in the community.	2.85	2.67	−6.32
7.	The A.B.S. can help us pin-point problem areas.	3.23	4.00	23.84
8.	The A.B.S. tests for level of functioning in Life Skills.	3.08	4.00	29.87
9.	We can write individual treatment plans from the A.B.S.	3.08	3.83	24.35
10.	The A.B.S. can serve as a baseline for the P.O.R.	2.42	4.00	65.29

An evaluation form designed to establish a baseline for levels of treatment team functioning was administered to Area A and B treatment teams on November 19-20, 1974. (See evaluation form in Volume II.) During the second week in June, 1975, both teams re-evaluated their team's functioning level.

Results from Area A evaluations showed some improvement in 62.68 percent of the statements on the evaluation sheet. Although Area A treatment team received training, they were involved only with Level II clients and were given no formal opportunity to function as a team. Therefore, results tended to indicate that changes occurred because of training sessions on Team Functioning as opposed to practical team-work experience.

Post-evaluation responses from Area B treatment team were somewhat different from Area A responses. Area B treatment team worked not only among themselves but also with other staff personnel to formulate goals, attitudes, and training procedures for Level I client treatment. Comparison of their pre- and post-evaluation forms show a decline in team functioning on 53.57 percent of the statements included on the form. The results tend to indicate that due to training and practical experience, Area B was more aware of team functioning goals, and consequently, more critical in their post-evaluations.

Mean scores and percentage changes were calculated for Attitude Therapy pre-tests administered to the executive staff in January, 1975, and readministered in June, 1975. Scores were obtained by assigning point values to each response given, with correct responses receiving four points. Responses included "true," "I think so," "I don't know," and "false." Generally speaking, the post-test mean scores were above 3.0 points, indicating the staff was knowledgable in Attitude Therapy concepts. (Table 5)

Table 5.

Percentage Changes in Mean Scores Obtained From Attitude Therapy Test (Executive Staff)

(N = 8) (Total possible score/question = 4.0)

Question	Mean Score Jan. '74	Mean Score June '75	Percentage of change (%)
1. Attitude Therapy is a systems approach to communication.	3.75	3.63	–3.20%
2. Attitude Therapy is a behavioral modification approach in a therapeutic milieu.	3.25	3.38	4.00
3. Through the use of Attitude Therapy, we can change the attitudes of the clients.	1.37	1.25	–8.76
4. Part of the deinstitutionalization process is to help staff change from helpers to facilitators.	3.25	3.75	15.38
5. The use of the Matter-of-Fact Attitude helps staff change from helpers to change-agents.	2.63	3.5	33.08
6. Our clients are retarded and we should do things for them because they can't help themselves.	3.57	4.0	12.04
7. Lack of consistency of approach in a therapeutic milieu is especially confusing to the retarded.	4.0	3.88	- 3.00
8. With some clients we should be very firm and expect them to perform in a nearly normal way.	3.38	3.88	14.79
9. If a client is depressed we should be very sympathetic.	3.0	3.12	4.00
10. If a client is suspicious and seems angry, we should be especially friendly toward him/her.	2.13	2.75	29.11

The second cooperative workshop was held at Forest Haven on January 15-16, 1975. Prior to training, tests on P.O.R. and Attitude Therapy concepts and a workshop evaluation sheet were distributed. Trainees were instructed to respond to the tests on P.O.R. and Attitude Therapy both before and after the conference. The letters "B" and "A" were used to indicate answers before and after training, respectively. Although over 100 people attended this conference, only seventeen P.O.R. tests and thirteen Attitude Therapy tests were completed correctly. Consideration must be given to this fact when interpreting the data collected.

Percentage changes were calculated for the mean scores obtained from the two tests (Tables 6 and 7). The results showed that improvement occurred on all but one question of the P.O.R. test. This negative change was a minor .31 percent. Similar changes were observed in the mean scores obtained from the Attitude Therapy test. Both tests indicated that the materials designed for teaching the P.O.R. and Attitude Therapy concepts were somewhat effective, but more intensive training was needed.

Responses to the final evaluation of the workshop were received from forty-one trainees. The mean scores for all statements on the form were tabulated and indicated the training workshop was not entirely effective. Project Staff observed the group throughout training and recorded in the minutes that "hostile" feelings were evident among the various levels of staff, which in turn inhibited communication and discussion. Previous to initiation of the Life Skills Project, no communication system was established among personnel.

On April 30, 1975, approximately three months after the second workshop, a conference was held with Transitional Services. (This unit was established *by* the Forest Haven staff to give intensive training to Level I clients.) Concepts taught at the second workshop were repeated. Training materials and staff participation were evaluated at completion of the session.

Table 6

Percentage Changes in Mean Scores Obtained from POR Test (January 15-16 Workshop)

(N = 17) (Total possible score/question = 4)

	Question	Mean Score Pre	Mean Score Post	Percentage of Change %
1.	The Problem-Oriented-Record (P.O.R.) is a method of record keeping.	3.41	3.88	13.78%
2.	The P.O.R. can be based upon the A.B.S. scores.	3.0	3.5	16.67
3.	The P.O.R. helps us set goals for our clients.	3.41	3.82	12.02
4.	By using the P.O.R. we can see our progress with clients.	3.41	3.65	7.04
5.	The P.O.R. is a goal-setting system.	3.41	3.65	7.04
6.	The P.O.R. system provides accountability for progress at Forest Haven.	3.5	3.88	10.86
7.	The P.O.R. system requires team effort.	3.63	4.0	10.19
8.	We are more likely to meet our goals when using the P.O.R. system.	3.63	3.71	2.20
9.	The P.O.R. system is more accurate and functional than our present record-keeping system.	3.63	3.75	3.31
10.	Goal-setting must be done in small steps.	3.71	4.0	7.82
11.	The client should be involved in his/her own treatment plan.	3.76	4.0	6.38
12.	The goal-setting method is a behavioral modification approach.	3.18	3.17	− .31

Table 7

Percentage Changes in Mean Scores Obtained
From Attitude Therapy Test
(January 15-16 Workshop)

(N = 17) (Total possible score/question = 4.0)

	Question	Mean Score Pre	Mean Score Post	Percentage of Change %
1.	Attitude Therapy is a systems approach to communication.	3.54	3.62	2.26%
2.	Attitude Therapy is a behavioral modification approach in a therapeutic milieu.	3.15	3.58	13.65
3.	Through the use of Attitude Therapy, we can change the attitudes of the clients.	1.85	1.77	–4.32
4.	Part of the deinstitutionalization process is to help staff change from helpers to facilitators.	3.58	3.75	4.75
5.	The use of the Matter-of-fact attitude helps staff change from helpers into change-agents.	2.67	3.92	46.82
6.	Our clients are retarded and we should do things for them because they can't help themselves.	3.54	3.54	0
7.	Lack of consistency of approach in a therapeutic milieu is especially confusing to the retarded.	3.92	4.0	2.04
8.	With some clients we should be very firm and expect them to perform in a nearly normal way.	3.23	4.0	23.84
9.	If a client is depressed we should be very sympathetic.	2.31	2.08	–9.96
10.	If a client is suspicious and seems angry, we should be especially friendly toward him/her.	2.15	2.58	20.00

The mean scores were then tabulated for each statement on the form. Over 47 per cent of the statements received a rating of "very good," with the remaining 53 percent received "good" ratings. These results indicate a positive response to the workshop format and training materials. It also indicates that Forest Haven staff is beginning to communicate with each other.

The Master Schedule indicates that over thirty-five direct and seven indirect training sessions for 885 staff personnel were conducted throughout the project year.

Objective No. 4 – Development of Training Manual and Objectives Plans/Charts

To develop a Training Manual and Objective Plans/Charts designed to facilitate the replication of the life experience approach to deinstitutionalization on a broader basis in the District of Columbia and throughout the United States.

The basic goal of the Life Skills Project was to define, refine, and test curriculum materials which would help in the deinstitutionalization of the developmentally disabled. Once established, the resulting model was developed into a Manual and Objective Plans/Charts designed to assist those who wish to replicate the Life Skills approach in their institutions.

Major Activities

The format for establishing the Manual and Objective Plans/Charts was developed after much preparation by the Project Staff. To insure the production of a complete and thorough manual, it was first necessary to gather information on Life Skills. To facilitate the collection of training materials, files were established for the various Task Forces and Project Staff to catalogue all materials pertaining to Life Skills.

November 1974 - May 1975. Throughout the project, the Project Coordinator developed all materials and rationale used during the training sessions at Forest Haven. These materials were evaluated not only by the Project Staff during staff meetings, but also by Task Forces and those participants receiving direct and indirect training. The main contribution of the Task Forces was to facilitate Manual development by supplying a list of references for material collection. (See Bibliography, Volume III.)

June 1975. Following the termination of all training sessions held at Forest Haven, the Manual was completed June 9, 1975. It was designed to teach the Classroom Instructor how to train Field Instructors in the Life Skills approach to deinstitutionalization.

The Manual contains training sessions in evaluating attitudes toward deinstitutionalization, the use of the A.B.S., the P.O.R. system of accountability, Attitude Therapy, Team Functioning, and leadership roles. Each concept contains discussion, experiential exercises, group process, and the option of giving pre-post tests. A bibliography is presented at the end of each unit for additional resources, if needed.

A slide presentation was developed to assist in teaching the Life Skills concepts. In conjunction with this presentation, a video tape of a Mini-Team in action with a client was taped at George Washington University on June 3, 1975. Both the slides and tape are available as a supplement to the total training materials and may be obtained at cost through George Washington University.

Volume III contains the Objective Plans and Motivational Charts for teaching Life Skills. Members of the Project Staff developed these materials throughout the project year and presented them in a context suitable for the developmentally disabled to use as a self-teaching guide (Charts). (For a sample of this type of training material, see Volume III.) Because of the initial goals of the project, these lesson plans are developed for Level I clients only. Plans were made to complete the materials for Levels II and III within the next year.

Performance Evaluation

The following performance standards were established to meet Objective #4:

1. Materials and training format used to instruct the Forest Haven staff in the Life Skills approach are developed into a Training Manual (Volume II) and Objective Plans/Charts (Volume III) for use by other institutions.

2. According to the evaluation panel, the Life Skills model training program is replicable for staff development and training uses.

Included in Volume II are slides of the Life Skills concepts and a supplementary video-tape presentation of a Mini-Team in action. Included in Volume III are objective plans for teaching the Life Skills, and self-teaching charts designed for use by the developmentally disabled.

For evaluation purposes, the Objective Plans were divided into packets designed for Recreation Leader, Counselor, Teacher, Vocational Rehabilitator, Social Worker, Registered Nurse, and Volunteer. Included with each objective plan was an evaluation sheet. (See Objective Plan evaluation sheet, Appendix J.) Staff personnel were instructed to answer "yes" or "no" to each question on the sheet.

These sheets were collected during the third week in June and scored. Each "yes" answer was scored two points. Each "no" answer was given zero points, while "no answer" or "not applicable" answers received a score of one point.

A criterion level based on two-thirds of a perfect score was established to determine objective plan acceptability. Since each objective plan was scored by one, two, or three evaluators, the following cut-off points were established:

Three evaluators	. . . . .	Score 36
Two evaluators	. . . . .	Score 24
One evaluator	. . . . .	Score 12

Of all Level I Objective Plans, two failed to meet the criteria level; A.B.S. Number 21, Objective 7, and A.B.S. Number 51, Objective 1. (See Objective Plans, Volume III.) Both plans were revised using the suggestions on the individual evaluation sheets.

The materials presented in the Manual were bench-tested on June 12-13, 1975, at Forest Haven and Northern Virginia Training Centers, respectively. A representative from both the Great Oaks Center, Silver Spring, Maryland, and the Maryland-National Capital Park and Planning Commission also evaluated the materials. (See list of evaluators, Appendix K.)

The procedure used for bench-testing the Manual and Objective Plans was:

1. Introduction of concept
2. Show slide
3. Discussion
4. Experiential exercise
5. Note reference materials for making assignments, etc.

The above procedure was followed for the remaining concepts. It was pointed out that each slide could introduce a one-hour training session, if intensive training was given. At the conclusion of the presentation, the evaluators were asked for suggestions for Manual improvement. Verbal feedback was recorded. Members were then given an evaluation sheet and instructed to

take the Manual and Objective Plans with them for a week. They made corrections and/or suggestions directly on the Manual and filled out evaluation sheets. (See Manual Evaluation Sheet, Appendix L.) The Manuals, Objective Plans, and Evaluation Sheets were collected a week later at meetings held at Forest Haven and Northern Virginia. The Project Coordinator attended both meetings to answer any questions and to record additional verbal feedback.

Major and minor suggestions were made for improving the Manual:

Minor

1. Several errors relating to staff and their present location were cited.
2. The "M" needed to be dropped from P.O.M.R. to read P.O.R.
3. The P.O.R. slide presenting demographic information on the client should be changed to read milligram rather than gram to be realistic.

Major

1. The sequence of the Training Manual needed to be changed. To facilitate motivation, they felt the practical experience of the A.B.S. and P.O.R. concepts should be taught before the concepts of Attitude Therapy and Team Approach.
2. They felt the graphic presentation of the Training Model did not coincide with the concepts taught. While the Training Model depicted autocratic leadership, the concepts taught stressed democracy.
3. They felt that slide one, which focused on the superintendent in his "ivory tower," was a negative beginning for the Manual.

In revising the Manual, the Project Coordinator made all minor suggestion changes. The Manual was then revised to meet the major suggestions:

1. The A.B.S. was introduced as the first concept following the Training Model.
2. The Training Model was restructured in the form of a baseball diamond to stress total team involvement. This training concept was then transferred from the Introduction to Part One of the Manual.
3. Slide one, focusing on the superintendent in his "ivory tower," was removed from the Manual.

In tallying the results of Training Manual Evaluation Sheets, the number of "yes," "maybe," and "no" answers were recorded. The remaining responses were adapted to correspond to these three basic answers. From the tallies, 79 per cent responded favorably to all questions. In combination with the 11 per cent "maybe" responses, a total of 90 per cent accepted the Manual format. Only 4 per cent gave negative answers to the questions asked. These results indicate the Manual met the objective of providing a training program for teaching Field Instructors the Life Skills approach to deinstitutionalization.

Objective No. 5 – Cooperative Efforts

To develop technical assistance Task Forces and cooperative efforts between the Virginia COHLA and the District of Columbia Life Skills Project to facilitate establishment of a model program for deinstitutionalization and to assist each in third party evaluation activities.

Described under this objective are activities involving: (a) a Task Force of experts from the Washington Metropolitan area who provided technical assistance to the professional staff of the Life Skills Project, and (b) a Virginia/District of Columbia Committee which served as an evaluating team.

Major Activities

Life Skills Task Forces

October 1975. Personal contact was established with, and letters were sent to, experts in developmental disabilities from the Washington Metropolitan area on October 24, 1974, asking them to serve on technical task forces for the collection of pertinent materials on Life Skills Curricula. Members of these Task Forces represented a variety of agencies and specialized expertise and their main objective was to collect and share training materials which would assist the developmentally disabled in learning essential Life Skills.

December 1974. On December 3-4, 1974, meetings of the Life Skills Task Force were held at The George Washington University. Previous to these meetings the Task Force members were assigned to teams catagorized according to the Adaptive Behavior Scale into three major areas: Institutional Teaching Materials, General Teaching Materials, and Community Teaching Materials. This was done to provide a realistic limit the work of the Task Force members. Task Force Team I collected and shared materials on Independent Functioning (eating, toilet use, cleanliness, appearance, care of clothing, dressing and undressing, travel, and miscellaneous independent functioning), Physical Development (sensory, motor), and Language Development (expression, comprehension, social language development). Task Force Team II worked on Numbers and Time, Domestic Activity (cleaning, kitchen, other), Vocational Activity, and Responsibility and Socialization. Task Force Team III was concerned with Economic Activity (money handling and budgeting, shopping skills), and Self-Direction (initiative, perseverance, and leisure time).

Listing of the Task Force teams facilitated communication between members of the Task Force groups and the Project. Task Forces were designed to place people with similar interests together so they could exchange information with each other as well as with the Project Coordinator and staff. This helped all members share Life Skills teaching materials and ideas as they developed them within their own agencies.

Initial meetings of the Task Force teams introduced them to the project while giving them an opportunity to offer constructive criticism on program design. Each member provided the Project Staff and the other members of the Task Forces with additional information concerning his/her programs.

A Task Force Team consisting of Forest Haven staff was established on December 6, 1974. (See members, Appendix M.) It's main objective was to secure a variety of planning materials, experiment with these materials on clients, and select the materials which would provide the

most success for clients. These materials then served as learning devices used throughout the Life Skills Project. An initial meeting of this Task Force was held December 12, 1974, to present the members with a basic introduction to Life Skills.

January - March 1975. Additional meetings of these Task Force teams were held on January 9, 15-16, March 3, and April 17, 1975. Each meeting resulted in an information exchange regarding materials for the Life Skills Project. Detailed minutes and recommendations were used to assist Project Staff in improving project objectives and materials.

Virginia/District of Columbia Planning and Evaluation Committee

Cooperative efforts included four meetings of the two state planning and evaluation committees and two joint training projects. A fifth meeting is being planned for August, 1975.

To initiate this system in Forest Haven, a joint effort was established with Lynchburg Training School and Hospital where the P.O.R. was already operational. The Lynchburg staff was to assist in teaching these skills to employees at Forest Haven and, in return, Forest Haven was to exchange their Life Skills Program with Lynchburg. To provide for implementation of the P.O.R. at Forest Haven, introduction of Life Skills to Lynchburg, and formation of a third party evaluation committee, three planning meetings were held.

August 1974. The first planning meeting was held August 29, 1974, at the George Washington University. Representatives from Forest Haven, RT-9, Georgetown U.A.F., the Division of Developmental Disabilities, and Lynchburg Training School and Hospital, met and planned collaborative activity in exchanging technical assistance and services between Lynchburg and Forest Haven. Exchange site visits and third party evaluation and advisory services for the project were also planned. (See list of members on Planning Evaluation Panel, Appendix N.)

September - October 1974. The second meeting was held at the Georgetown University U.A.F. on September 5, 1975. The main concern of this meeting was to work on improved communications with the Developmental Disabilities Council to insure that the Council was kept informed of project activities as they developed. Meetings of the Developmental Disabilities Council, which were attended by the Project Coordinator, will be documented later in the report.

The third meeting was held in Charlottesville, Virginia, on October 10, 1974. The two most important aspects of this meeting were the decisions to hold a training session at Lynchburg, December 10, 1974, and to introduce the broker-advocate Developmental Disabilities Specialist as the liaison between the Center and the development of Vocational Rehabilitation Services.

On October 22, 1974, another planning meeting was held at Forest Haven. The Unit Director, representing Lynchburg, provided plans for the Lynchburg Training Program. He had previously worked with the Lynchburg staff on defining the needs of training for that institution. The main thrust of the meeting was the planning of two training sessions, one meeting the needs of both institutions, and another providing a strong session on Life Skills.

November 1974. In November, two meetings were held to further facilitate cooperative efforts. A project team meeting, November 11, 1974, was conducted at the George Washington University with Project Staff and a representative from Lynchburg. After the introduction of new staff members, a project status report was given and additional project plans were made. The second meeting between the Life Skills Project Staff, Vocational Rehabilitation, and Occupational Therapy Center (November 14, 1974), provided an opportunity for discussion of each program's contributions toward reinforcing the efforts of the others.

December 1974. The first workshop on Deinstitutionalization was held on December 10, 1974, at the Lynchburg Training School and Hospital in Virginia. The staff from Forest Haven was given a tour of the institution grounds and an opportunity to examine Lynchburg's Problem-Oriented-Record System (P.O.R.). This system establishes accountability for the team using goal-setting treatment planning. Its priorities are constant review and record-sharing. Forest Haven's Project Coordinator introduced the Life Skills Project to approximately 200 people attending this one-day workshop. This was the first of the mutual training efforts. Presentations were given by Lynchburg, U.A.F. of Georgetown University, and Forest Haven, and the Lynchburg staff was given an opportunity to become acquainted with the Life Skills concepts.

January 1975. The second cooperative workshop was held at Forest Haven on January 15-16, 1975. The Unit Director of Lynchburg Training School and Hospital lectured on the institution and the process of the P.O.R. there. He described the role of the P.O.R. in alleviating many staff communication problems when properly used and adapted to the institution. His presentation was designed to help the Project Staff initiate the P.O.R. system to the Forest Haven staff.

April 1975. The fourth planning meeting convened April 10, 1975, at Lynchburg Training School and Hospital. Progress reports were given by the broker-advocate Developmental Disabilities Specialist and the Project Coordinator of the Life Skills Project.

August 1975. A fifth meeting is planned for August, 1975. It will concentrate on the third party evaluation system to review the final reports of the Virginia COIILA project and the George Washington University Life Skills Project, and to develop plans for evaluating the second year of both Projects.

October 1974 - June 1975. As stated previously, joint efforts were established between the Life Skills Project and the Developmental Disabilities Council. The Project Director and Coordinator attended meetings of the Developmental Disabilities Council on October 2-4 and 30, 1974, December 18, 1974, February 6, and April 10, 16-17, 1975. At each of these meetings, progress reports on the Life Skills Project were given. On June 24, the Project Coordinator was keynote speaker at the Mental Retardation Administration's annual in-service training workshop. The Project Coordinator also participated in a training conference of the IFC/MR on June 25-27, 1975, which furthered cooperative efforts with the Developmental Disabilities Council on a regional level.

Performance Evaluation

Three performance standards were set for meeting this objective:

1. Cooperative interaction of COIILA and Life Skills projects facilitated the attainment of those performance standards described in Objective #3.
2. Usable technical assistance directly resulted from Task Force involvement.
3. Third party cooperative evaluation of the COIILA and Life Skills projects resulted in improved project performance and useful information exchange.

The Task Force team members participated in planning and information exchange meetings. Cooperative efforts resulted in meetings of the Virginia/District of Columbia's Planning and Evaluation Committee from Lynchburg and Forest Haven, meetings between the Project Coordinator and the Developmental Disabilities Council, joint efforts on the part of Forest Haven staff, D.V.R. and O.T.C., and two joint training projects. A fifth advisory and evaluation meeting to coordinate third party evaluation team efforts is scheduled for August, 1975.

Objective data evaluation was used to determine if the goals set forth in this objective were met. Analysis of the minutes of each of the Task Force teams and Planning and Evaluation Committee provides evidence that performance standards were met. Also, the Master Schedule (Appendix G) indicates that fifty-one members attended the eight meetings of the Task Forces. It also indicates that approximately 344 people participated in the two joint workshops held at Lynchburg and Forest Haven.

VI. SUMMARY OF FINDINGS AND RECOMMENDATIONS

To initiate the Life Skills approach at Forest Haven it was necessary to begin changing staff attitudes about deinstitutionalization. Once training in Life Skills for the client had previously been geared toward copying within the institution, the staff now had to begin thinking of what Life Skills the client would need if discharged from the institution. In order that staff could understand the need for teaching these new Life Skills, the Adaptive Behavior Scale (A.B.S.) was selected as the instrument for establishing a baseline of functioning Life Skills. The A.B.S. measures those Life Skills deemed necessary for survival in the community. Since it must be administered by the staff person who knows the client best, it served as a communication device by immediately involving the direct-care staff in early decision-making. Formal training in other techniques of communication, such as Team Approach, P.O.R. and Attitude Therapy was provided to improve communication systems and provide consistency of approach to the process of deinstitutionalization. The full utilization of all staff as treatment personnel not only improves morale, but brings about a client-centered rather than an institution-centered form of management. The full support of new top management within the institution allowed the project to serve as a catalyst and change agent during the beginning transitional change from custodial to community oriented philosophy and programming.

As staff was trained, the clients were tested using the A.B.S., divided into levels, and P.O.R.'s established for each client in Levels I and II. Level I clients received Life Skills training and plans were made to include the other Levels in the coming year.

The training materials collected throughout the project year were prepared for dissemination in a Manual and Objective Plans/Charts format. The Manual provides a training program for initiating the Life Skills approach to staff while the Objective Plans/Charts provide the plans for teaching necessary Life Skills to clients. Both have been designed for instituting the Life Skills approach in institutions in the District of Columbia and throughout the United States.

The project also established cooperative planning and evaluating efforts between the Virginia Developmental Disabilities Council, Lynchburg Training School and Hospital, the District of Columbia Developmental Disabilities Council, and Forest Haven. The Task Forces, comprised of representatives from various District of Columbia agencies, provided input to material collection, and will serve as liaison between institutional and community living in the future PORTLS project.

In reviewing the Life Skills Project, various aspects concerning program methodology and data gathering techniques have been brought to the attention of the reader. In response to these points, the following sections of the report deal with recommendations for furthering the deinstitutionalization process at Forest Haven, recommendations for gathering more reliable data, and general recommendations concerning intergovernmental communications and the deinstitutionalization process.

PORTLS PROJECT

The following specific recommendations have been listed in regard to the Life Skills Project. The goals of a new PORTLS (Problem Oriented Record Through Life Skills) project were, designed to focus on these recommendations and are indicated where necessary.

1. The Life Skills Project served as a major thrust to the total process of deinstitutionalization at Forest Haven, Although this project was granted to serve the first clients slated for community placement, the entire population must also be included in this process. In order to set up a developmental program based on the original Life Skills Approach, the PORTLS project serves to develop a similar model for clients and staff in areas not yet in the mainstream of programs for deinstitutionalization. The success of deinstitutionalization is dependent upon this holistic developmental model.

2. The Life Skills Project served as a coordinating agent for grants and programs at Forest Haven. All other grants and projects initiated or in progress at Forest Haven need to fit into an overall set of goals, objectives, and curriculum for the institution. In this way duplication of effort is avoided and all programs are supportive and directed toward the same goals. The PORTLS Project serves as coordinator on a more formal basis, as grants and programs from other agencies are introduced into Forest Haven. Preliminary planning regarding the interface of the Bio-Engineering Project and a Developmental Stimulation Training Program with the Life Skills Project for 1975-76 has been conducted. Efforts and objectives are being coordinated with those of the Career Developmental Project. The Horticultural Division of that project is continuing through 1976 and is included under the umbrella design of the PORTLS Project. Volunteers from several area universities are currently assigned to Level I and a greatly expanded volunteer program is being built into the PORTLS Project. Planning is also in progress to incorporate the Life Skills Approach into a training conference at the Kennedy Institute at Johns Hopkins University.

3. Through the Life Skills Project the Problem Oriented Record system was instituted for 125 clients in Level I (highest functioning). The P.O.R. should be instituted throughout Forest Haven. The additional personnel provided through PORTLS Project will assist Forest Haven in setting up this system of accountability.

4. The emphasis on community placement has necessitated administrative reorganization at Forest Haven. Although needed, additional staff or monies have not been available. The addition of staff through the PORTLS Project assists this need by providing outreach functions (such as potential for staff development in transitional agencies) as clients are moved into the D.C. community. Plans are in progress for moving 300 clients into a D.C. Junior Village. When this occurs, present staff will need intensive training since they will be working in an entirely new environment with new goals and objectives of training. Staff from this project and staff assigned to this project from Forest Haven will serve as faculty for this intensive, short-term training. The model training program developed through the Life Skills Project will serve as the training package.

5. At this time Forest Haven has no research capabilities. The superintendent views research as a necessary component of any progressive institution, particularly in time of changing overall goals and philosophy. The activity generated through the PORTLS Project serves as the research component of the institution while the institution is devoting full time to client care.

6. The development of the Life Skills Plan through the P.O.R. provided a systematic approach to curriculum and training with Level I clients. This formalized training program needs to be extended through all Levels, outlining all goals and objectives of training according to client needs in terms of potential for community placement. For those who will be long term clients, emphasis on self-care built into the Life Skills P.O.R. will insure a normalization process within the institution. The Plans developed in the Life Skills Project will serve as curriculum materials for Level I. Materials for Level III and the Lower Level of Level II need to be developed in order to complete the package of Life Skills materials. Curriculum materials developed through the Life Skills Project can be tested and refined through the PORTLS Project. These materials should be useful to all institutions and transitional agencies preparing clients for community placement. As institutions establish the P.O.R. these materials will be particularly pertinent since they were developed to assist with the implementation of the P.O.R.

7. The development of the Life Skills approach to training led to a complete reorganization of the client population. This reorganization was necessary in order to set up developmental levels for training purposes. Assistance is needed for the required testing and evaluation at lower levels. Project staff members serve as trainers so that staff at Forest Haven will be prepared to continue with appropriate testing in the future. In this way the systematic approach to client training and staff development will be maintained. Staff in Level I is trained now and can help with the process in the larger population.

EVALUATION DESIGN

The Life Skills Project staff performed some pre- and post-tests to develop baseline information throughout the project year. These tests were designed to improve the training materials for the Manual and Objective Plans/Charts. These same tests will be administered in the next year to determine if there are significant changes in both staff and client performances, particularly regarding progress of the staff in understanding and implementing the Life Skills approach and changes in client functioning levels attributable to Life Skills Training.

Choosing an appropriate experimental design is one of the most important and crucial steps in evaluating the success of a program. In light of next year's goals for establishing the Life Skills approach throughout the entire institution, the following recommendations for improving evaluation designs are offered:

(1) Evaluation of progress in staff training.

a. Staff training should be divided into two separate training sessions. Staff involved with each client level should then be divided into two stratified random samples. Both groups should receive pre-tests and post-tests for the purpose of data analysis. One group should receive the Life Skills Training while the other group should serve as the control and receive no training. In this way, changes due to training could be substantiated.

b. To insure the return of all pre- post-tests and evaluation sheets, motivational techniques should be employed; for example, certificates could be awarded at the completion of training and institutional credit given.

(2) Evaluation of Progress in client functioning levels and training.

a. The A.B.S. should be administered and readministered by three or more staff observer/raters most closely associated with the client to better predict accurate test results.

b. A sample of clients should be selected for purposes of comparing individual and group progress on the A.B.S. from pre- to post-test.

(3) Statistical Analysis

Appropriate statistical techniques will be supplied to the data collected.

GENERAL RECOMMENDATIONS

Several general recommendations have been made to facilitate other aspects of deinstitutionalization. These recommendations relate to fundamental issues which need to be resolved if the extensive deinstitutionalization training efforts now underway are not to be negated or neutralized.

1. State Developmental Disabilities Plan.

The current plan makes many excellent recommendations for the provision of more effective and comprehensive services for the developmentally disabled. In broad terms, the plan lists the service needs of the developmentally disabled and suggests changes and improvements that should

be instituted. It is recommended that the State Developmental Disabilities plan be improved to provide specific action strategies to upgrade service which can be evaluated as to their overall effectiveness. The Developmentally Disabled Assistance and Bill of Rights Act* provides a detailed account of the necessary services that should be made available to developmentally disabled person. The District of Columbia State Plan should model the comprehensive services outlined in the Act.

Considerable assistance can be obtained from various ongoing projects which have information that will enhance and improve the existing District of Columbia State Plan for the Developmentally Disabled. For example, there is a Developmental Disabilities Technical Assistance Service located in Chapel Hill, North Carolina, which serves as a resource center for states involved in deinstitutionalization of the developmentally disabled. The Padre Project sponsored by the National Advisory Council on Services and Facilities for the Developmentally Disabled is currently analyzing all state deinstitutionalization plans for major problem areas encountered by states. The analysis is divided into an examination of four areas: (1) legislative problems; (2) organizational problems; (3) budget problems; and (4) client-centered problems. The project is being coordinated by the Council on Exceptional Children and will be completed in September, 1975. It should be utilized extensively as a basic resource for developing the District of Columbia Developmental Disabilities State Plan's deinstitutionalization component.

2. *Services Integration.*

The Department of Health, Education and Welfare at the regional level has proposed an Allied Services Act, Services Integration Targets of Opportunity (SITO) grants, and Partnership Grants.

A concept which has recently become popular in HEW is that of generic group or target group planning. Service integration has evolved as part of an increasing concern for services integration. Implicit in services integration is well coordinated services which have a generic base and transcend previous categorical determinations which have so often resulted in fragmented services delivery.

The HEW Planning Guidance Memorandum of 1974 brought to the forefront HEW's concern that more planning be conducted using the target group concept. It appears that as services are presently planned and administered to this target group, they are fragmented, duplicative, uncoordinated, and lack continuity. Therefore, there appears to be a great need to identify and examine the issues which impact on the success and efficiency delivery of services to this target group.

3. *Improved Evaluation & Accountability*

The quality of evaluation and accountability procedures in determining the effectiveness of services delivery, staff training, and other activities which are difficult to assess, needs to be improved. Reassessment procedures are important to providing effective services to the developmentally disabled. For example, baseline data needs to be collected in order to objectively assess progress. True experimental studies with appropriate control groups need to be designed at the beginning of programming. Too often, assessment is an afterthought of the program staff. It needs to be assigned prior to implementation of program activities.

*Now being finally considered by the U.S. Congress.

4. *Legal and Legislative Assistance*

More efforts need to be made in the area of rights of the developmentally disabled to education, employment, recreation, and other important life activities. An example of a need for legislative assistance was pointed out in the Department of Human Resources Comprehensive Child Care Plan which emphasized the problem of child labor laws precluding vocational rehabilitation services for developmentally disabled individuals under 15½ years. Several ongoing projects in the District of Columbia area relate to the legal rights of the developmentally disabled. For example, (1) volumes entitled "Legal Rights of the Mentally Handicapped" have been produced by the Center for Law and Social Policy, 1751 N Street, N.W., Washington, D.C. 20036; (2) The President's Committee on the Handicapped is compiling a "Book of Legal Rights of the Handicapped," (3) The Georgetown University District of Columbia project, Community Legal Assistance and Street Law, is currently involved in providing legal education services for the developmentally disabled.

These resources should be fully utilized for deinstitutionalization activities in the District of Columbia.

5. *Assessment of Community Resources.*

An extensive resource list of community alternatives to institutionalization should be developed and assessed as to the gaps in coverage of service needs of the developmentally disabled. This assessment could be facilitated by the District of Columbia Developmental Disabilities Council Grant awarded to the Information Service for Handicapped Children.

The above recommendations should be given consideration in reviewing all the efforts that have to be made before a comprehensive deinstitutionalization plan is implemented. The conclusions are based upon the activities which resulted from the Life Skills Project.

Appendix A
Life Skills Project

STAFF DIRECTORY

Donald E. Hawkins, Ed.D. - Project Director (one-tenth time)
Geneva Folsom, Ed.D. - Project Coordinator (full-time)
Jean Federici - Field Instructor / Activity Therapist (full-time)
Betsy Sessions - Administrative Assistant (half-time)
Phil Slabaugh - Volunteer (full-time January - June 1975)
John Noone - Consultant

FOREST HAVEN COOPERATING STAFF

Roland Queene - Superintendent
Willie Hodge - Assistant Superintendent
Regina Wintermoyer - Assistant Superintendent
Frances M. Greene - Training Officer
Dave Burket - Chief of Habilitation Services
James Whitlock - Director of Transitional Services

In concluding efforts, the assistance of the following are appreciated: Janette Breene - Clerical; Elizabeth J. Kiser - Research Assistant / Final Evaluation; Susan Tinker - Research Assistant / Final Evaluation; Susan Swannack Nunn - Editor; Nadine Dombrowski - Typist; Myra Feldman - Audio-Visual Aides; Leonard J. Magsamen, Jr. - Audio-Visual Aides.

D. C. GOVERNMENTAL PLANS RELATED TO DEVELOPMENTAL DISABILITIES

(1) District of Columbia Developmental Disabilities State Plan 1975

Goals and Objectives

The overall goal is to develop a comprehensive and continuing plan for meeting the needs of persons with developmental disabilities and for assisting agencies in providing coordinated services. It is to develop a system of services which provides comprehensive care to the developmentally disabled.

Long Range Objectives

- Provision of comprehensive and effective services to the maximum number of persons suffering developmental disabilities.
- Reduction of the incidence of developmental disabilities via a variety of channels.
- Generation and coordination of the diversified physical, psychological, vocational, educational, social, and economic services required throughout a lifetime.
- Pursuance of the rights of the developmentally disabled based upon the concepts of normalization.

Short Range Objectives

- Identification of persons with developmental disabilities.
- Evaluation of services.
- Identification of unmet needs of persons who have developmental disabilities and are not in treatment.
- Return of expellees to the public schools for appropriate training and education.
- Identification of local funds, public and private, to match federal funds.
- Provision of day care services at a therapeutic level.
- Provision of foster care homes.
- Provision of small group homes for those who need supervisory care.
- Provision of boarding homes, half-way houses, and community resource centers.
- Provision of community clinics and treatment centers.

Philosophy and Approach

The Council subscribes to the Declaration of Rights of the Mentally Retarded adopted by the United Nations General Assembly on December 7, 1971, and wishes to extend these same rights to persons with developmental disabilities.

The basic goals of the community developmental disabilities program revolve around utilizing the community as a therapeutic agent.

Re-evaluation is built into the comprehensive program for people with developmental disabilities.

Active, ongoing training and research programs as integral parts of patient care will be instituted.

Appendix B
Life Skills Project

Fundamental agreements must be made with various community agencies for their obligation to participate as part of an overall program providing services to the developmentally disabled. Coordination of efforts is of primary importance.

The comprehensive community service center for the developmentally disabled should be housed in one facility to provide continuity of acre and access to treatment modalities.

It is recognized that a comprehensive program will not come about all at once but will involve a phasing-in process.

The following minimum services must be made available to all:

(1) Diagnosis and Evaluation
(2) Medical and Health Care
(3) Special Education for Children, Adolescents, and Adults
(4) Vocational Habilitation
(5) Occupational Therapy
(6) Manual Arts Therapy
(7) Recreational Therapy
(8) Social Services
(9) Psychological Services
(10) Psychiatric Services
(11) Speech and Hearing Services
(12) Chaplaincy Services
(13) Visiting Services
(14) Homemaker Services
(15) Transportation to and from Nursery School

The total program must be university affiliated to allow for leadership stimulation and training potential. In-service and more formal training will cover all disciplines. Research efforts must be broadly based.

The Department of Human Resources Training Division coordinates training efforts via survey so that generic courses can be developed and offered in interdisciplinary interagency settings. These settings encourage the relationships needed to promote integrated programs in human services. Programs are designed to focus on staff development to prepare individuals to work with other agencies and agents in the community.

Source: Abstracted from Developmental Disabilities State Plan for Fiscal Year 1975.

(2) District of Columbia Department of Human Resources - Comprehensive Child Care Plan - 1974

The following excerpts from the Department of Human Resources Comprehensive Child Care Plan relate to the developmentally disabled.

Rehabilitation services are designed to provide the necessary skills to enable physically, mentally, or socially disabled persons to reach their maximum level of functioning and to prepare them for employment. These services are designed to enable individuals to become self-sufficient. Those individuals who are handicapped from birth need habiliation services to limit their disabilities and enable them to adjust to their handicaps. Rehabilitation and habilitation services include restoring persons to previously lost levels of functioning, upgrading them from a limited level of functioning to higher levels, and a broad range of preventative and supportive services which will enable a child or adult to function better in society.

It is further estimated that nearly 85% of the clients in special education programs need some degree of rehabilitation service.

The Bureau of Rehabilitation Services in Social Rehabilitation Administration has primary responsibility for providing vocational rehabilitation services as required under the Federal Vocational Rehabilitation Act. Services are directed toward removing barriers to employment that are caused by physical or mental disabilities, and include diagnostic evaluation, medical examination, counseling, restoration services, job or academic training, provision of tools and equipment, job placement and follow-up. As mandated by the Act, all handicapped clients are entitled to vocational habilitation services. When a client is accepted for rehabilitation, a comprehensive plan is developed to meet his individual needs. Services are provided under the direct supervision of a trained vocational rehabilitation counselor through a network of public and private community based programs.

Because of an apparent anomaly in the law, the Bureau of Rehabilitation Services is restricted to providing services to clients who are 15½ years or older even though there is no age limitation on eligibility for services under the Vocational Rehabilitation Act. However, since the ultimate goal of the Act is to return disabled persons to employment, the Federal Child Labor Laws designed to protect children from labor exploitation ironically prevent their being eligible for vocation rehabilitation services. In order to enable younger handicapped children to receive the vital benefits of vocational rehabilitation training, *the Department should work jointly with other states in an effort to revise the existing legislative barriers which preclude the participation of children under 15½ in this program.*

The Mental Health Administration provides rehabilitation services to children and youths at the Community Mental Health Centers, Forest Haven, and the Developmental Services Center. Both Forest Haven and the Developmental Services Center offer Life Skills training or social living techniques which provides the child with the basic skills necessary to live in the community. It has been clearly established that if a therapeutic program for very young mentally retarded children can be incorporated into their daily living, the severity of the retardation can be significantly lessened. The mentally retarded child who receives no attention, or inadequate care until later years, will prove to be a burden to himself/herself, his/her family, and the community. Early intervention may result in bringing an individual to a point of partial or complete economic and social self-sufficiency in later years, as opposed to complete dependency upon special programming.

Although rehabilitation services are available for children and youths in specialized programs, there are not enough training programs for developmentally disabled youths. Also, the number and capacity of centers for the developmentally disabled is limited.

Appendix B-2
Life Skills Project

The following recommendations are made:

(1) Establish additional training programs for developmentally disabled clients.

(2) Expand the number of centers for developmentally disabled clients.

(3) Expand vocational rehabilitation services to multiply handicapped youths and adults receiving public assistance, or Supplemental Security Income (SSI) benefits.

(4) Expand vocational rehabilitation services to institutionalized Department of Human Resources wards who are returned to the community.

(5) Collaborate with other states toward the objective of removing existing legislative barriers which prevent youths under 15½ years from participating in the vocational rehabilitation program.

(6) Expand the services to develop disabled and/or emotionally disturbed children to include the following:

- (a) More community-based programs.
- (b) Improvement of physical plant at Forest Haven.
- (c) Increase in staff at Forest Haven.
- (d) Training for staff at Forest Haven.
- (e) Increase in staff at Developmental Services Center.
- (f) Expansion of the number of Developmental Services Centers
- (g) Additional support services to families of mentally retarded children who are living within their homes.
- (h) Additional foster care placements for mentally retarded children.
- (i) A special education consultative/supervisory unit to work with employers hiring developmentally disabled adolescents.
- (j) An increase in the contact and relationships between Forest Haven and community organizations, agencies, parents, etc.
- (k) Wages for those clients at Forest Haven who are employed at the facility (initiated 1974).
- (l) Improvement in the quality of psychiatric examinations and expert testimony for children within Forest Haven.

Source: Abstracted from the District of Columbia Comprehensive Child Care Plan, 1974.

(3) District of Columbia Department of Human Resources - Department Action Plan for Forest Haven - 1974/75

Statement of Objectives

Objective I. Development of a plan encompassing all facets of a transformation of Forest Haven to a residential treatment center for the severely and profoundly retarded. Correction of the major physical plant deficiencies and construction of necessary new Forest Haven facilities and the development of community-based residential and treatment facilities for Forest Haven clients capable of functioning in an urban community-setting.

Action Plan. Reprogramming will be necessary and depends on the ability to develop a large scale residential, treatment, rehabilitation, work, etc. program in the community. Assessment of the resources available to achieving the movement of persons from Forest Haven back into the community.

1. Identify Forest Haven clients able to move back into the community and the type of environment they will require, as well as the training needs necessary before such a move can be made.

   a. Appoint a task force chairman and establish a task force that will screen the entire population and categorize persons as to age, sex, degree of handicap, type of residential facility necessary, type of activity/work program envisioned, type of pre-transfer training necessary.

   b. Appoint a task force chairman and establish a task force that will identify the expertise and work groups necessary to develop a plan to project new community resources for the population. The task force activities should include feasibility, costs, and time-frame studies. The expert work groups that are subsequently established will have a much longer period of operation.

2. Develop a program plan for a population of severely and profoundly retarded, multiply handicapped persons, and/or other developmentally disabled persons at Forest Haven.

   a. Appoint a chairman and establish a task force to develop program plans.

   b. Appoint a chairman and establish a task force to review physical plan in view of major program needs and recommend action to be taken, i.e., renovation or new construction.

   c. Secure approval of all task force plans.

Objective II. Identify physical plant deficiencies which preclude the maintanence of a healthy, safe and sanitary environment to be corrected by existing resources or to be included in fiscal year 1976 permanent improvement request.

Action Plan.

1. Establish Task force to accomplish the correction of the deficiencies and identify items to be corrected and their cost.

2. For items to be corrected by existing resources, develop contracts or set time tables for correction by Department of Human Resources or Department of General Services staff.

3. For items to be recommended for inclusion in fiscal year 1976 permanent improvements budget, prepare requests.

4. Submit these requests to Department of General Services for detailed cost estimates.

5. Develop budgetary submission to Congress.

6. Secure approval from Congress.

7. Develop contracts to perform correction of deficiencies or establish time-table for correction by Department of Human Resources and Department of General Services staff.

8. Monitor progress toward achieving correction of deficiencies to be made with existing funds or fiscal year 1976 funds.

Objective III. Fill vacant positions at Forest Haven. Develop procedures that will allow, within budgetary limitations, the filling of as many positions as possible or reduce the overtime deficit.

Action Plan.

1. Establish budget levels for Forest Haven, clearly identifying funding available to Forest Haven.

    a. Determine funding available through Medicaid reimbursement.
    b. Assign programmatic responsibility to implement the above.
    c. Unfreeze all available positions at Forest Haven.
    d. Obtain authority to recruit and completely process all new applicants on the grounds of Forest Haven.
    e. Assign personnel staff to Forest Haven necessary to accomplish above.

Objective IV. Develop and implement the work incentive therapy programs for clients of Forest Haven who work on grounds. (Initiated October 1974.)

1. Establish responsibility for development of work incentive program.

2. Meet with representative of responsible units to establish procedures for utilization of funds.

3. Develop a pay scale for the present on-going work therapy program.

    a. Develop a payment system for clients.
    b. Implement payment system.

Source: D.C. Department of Human Resources - Department Action Plan for Forest Haven, September 16, 1974.

(4) District of Columbia Department of Human Resources
Forest Haven Eight Year Improvement Plan - 1974

The plan for improvement of Forest Haven is directed toward the achievement of the following objectives:

a. to improve more direct-care staff, bringing staff-patient ratio to an acceptable level.

b. to improve medical care by increasing the number of personnel and technical medical support.

c. to upgrade skills of nursing and counseling staff so that they may become more therapeutic, instead of merely custodial.

d. to replace faulty and worn out equipment and refurbish the old physical plant.

e. to improve transportation, maintenance, housekeeping and other support services.

f. to move the less handicapped patients into community-based programs and to provide enough such programs to limit the use of Forest Haven to those persons whose handicaps are so severe that they can only be served institutionally.

These goals are interdependent, all leading to a more therapeutic approach within the institution and to the maintenance within the community of as many persons as possible. The plan has been divided into eight annual increments, the amount of funding to increase with each increment. When the plan has been fully implemented, the cost will be 8.2 million dollars, and 500 additional personnel will be provided for both Forest Haven and Community facilities.

During this period, the number of staff working within the institution will be increased by approximately 300 persons, and the focus of the mission will shift to the care of profoundly retarded persons, including those severely handicapped by accompanying physical disorders. The level of proficiency of personnel to provide the more medically and therapeutically-oriented services required for these disabled individuals will be raised through appropriate selection of new employees and through training of personnel currently employed at Forest Haven. Expansion of current medical services to include specialty consultation and pharmaceutical and prosthetic supplies will better support the medical needs of Forest Haven residents.

To prepare an estimated 400 residents for entrance into the community, day treatment and community-based sheltered workshops will be established. The transporting of residents into the community for day treatment and workshop activities will facilitate our making full use of the City's resources to develop self-care skills.

We anticipate that by the end of the eight year budget period, approximately 200 clients will have entered sheltered workshops following a period of training in day treatment centers. In addition to establishing the practice of paying clients for services rendered within the Department, we expect that 100 clients will be in competitive employment or in training for entrance in the regular labor force. Of the 400 who leave Forest Haven, approximately 300 will be in a protective work setting, and 100 will be living in their own homes or in foster homes. The number of Department staff needed in the community to serve this group of 400 is estimated to be 175. This includes the full scope of treatment and rehabilitation personnel.

As the moderately retarded persons leave Forest Haven, the Department will be able to admit to the Institution additional profoundly retarded persons who are now on a waiting list. We believe they number approximately 200. The number of residents at Forest Haven will be reduced from 1300 to 1100, while the total number of retarded persons in the care of the Department will increase by 200.

Appendix B-6
Life Skills Project

First Year

In the first year, personnel will be added to the Institution itself in order to improve the overall level of care and to initiate the plan for community-based programs.

The medical unit will include a psychiatrist, a general medical officer, a dentist, a physical therapist and a pharmacist. Other medical services will include specialty consultation, prostheses and other equipment for residents, laboratory equipment and pharmaceutical supplies.

The greatest number of new personnel will be nursing assistants, counselors and housekeepers. Several vocational specialists will also be added to implement the plan for workshops and establish procedures for payment of wages to residents.

An in-depth diagnostic evaluation of residents to establish groups for placement in forthcoming community-based programs will be undertaken.

Training of all staff will be initiated to develop therapeutic skills in dealing with profoundly retarded individuals, as well as those less handicapped who will enter the community. As community-based programs are established in succeeding years, treatment and rehabilitation personnel will be selected from within the Institution to staff them.

Second Year

In the second year, the number of direct-care personnel within the Institution will continue to increase. At the same time, a number of residents will be transferred into community-based programs. The first sheltered workshops and small residences will be established, and day treatment facilities will be developed in addition to one now operating on the grounds of D.C. General Hospital.

The purchase of buses to transport residents to community-based treatment facilities and workshops will be necessary in the second year.

Third and Fourth Years

During this period there will be increases in direct-care and administrative services personnel at Forest Haven, and in the number of community-based staff and facilities. In conjunction with the movement of Forest Haven residents into community-based workshops, the number of residents receiving wages within the Institution will begin to decrease. Other elements of the plan will remain basically the same.

Fifth Year

In the fifth year, additional increases are planned for the medical unit. This reflects the forthcoming severity of disability among Forest Haven residents, as those who are less severely retarded move out and are replaced by individuals requiring medical attention and a higher level of other therapeutic skills. Cost of repairs and equipment is expected to rise. Increases in personnel at Forest Haven and in community-based programs will continue at approximately the same rate as in previous years. Wages to residents will continue to decline.

Appendix B-7
Life Skills Project

Sixth, Seventh and Eighth Years

It is anticipated that in the sixth year the number of clients in community-based day treatment programs will begin to decline slightly as the number in the less costly workshops continues to rise. The trend toward medically-oriented services will continue within Forest Haven. Cost of repairs and equipment is expected to rise in order to provide for the safety and comfort of a substantial number of new admissions who fall in the profoundly retarded range or have multiple disabilities.

By the 8th year the number of clients maintained in day treatment will be approximately 100 and the number in sheltered workshops approximately 200. Employment or some other training or educational program is expected for the remaining 100 persons. Approximately 300 of these will be maintained by the Department in community-based residences. We anticipate that 100 will be living in their own homes or in foster homes. Four hundred clients will have left Forest Haven to enter the community and two hundred profoundly retarded individuals will have been admitted for care in Forest Haven.

Source: Forest Haven 8-Year Improvement Plan, 1974.

(5) D.C. Fiscal Year 1976 Program Plan for Vocational Rehabilitation Services Related to the Developmentally Disabled

INSTITUTIONALIZED MENTALLY RETARDED

Goals and Objectives

Our chief goal in working with this population is to return institutionalized mentally retarded clients to the community as productive, contributing members. Habilitating the institutionalized retardates is a lengthy and costly process, but is essential if the goal is to be met.

Objectives:

- To attempt to provide adequate, appropriate vocational rehabilitation services to 175 institutionalized mentally retarded clients and close 25 cases as rehabilitated during fiscal year 1976.
- To attempt to provide adequate, appropriate vocational rehabilitation services to 231 institutionalized mentally retarded clients and close 32 cases as rehabilitated during fiscal year 1977.
- To attempt to provide adequate, appropriate vocational rehabilitation services to 200 institutionalized mentally retarded clients and close 30 cases as rehabilitated during fiscal year 1981.

Background and Accomplishments

The institutionalized mentally retarded are usually residents of Forest Haven, the District of Columbia facility in Laurel, Maryland. The Halfway House in the District serves Forest Haven residents who return to community living. During the past three fiscal years, approximately sixty-five (65) institutionalized mentally retarded persons have been successfully habilitated. The expense involved in habilitating these clients is justified in view of the tremendous per annum savings represented by the return of these clients to the community as self-supporting, self-sufficient, tax-paying members of the community. The feeling of personal achievement is immeasurable.

George Washington University has established a special program at Forest Haven for teaching daily living activities to mentally retarded individuals who have the potential for community living. This institutionally based program will provide all the basic "survival skills" needed by retardates who leave the institution.

The Bureau is also working with George Washington University on the skill training and the bio-medical engineering programs that were established to assist the physically handicapped, mentally retarded residents to work to the optimum of their abilities.

In addition, the Bureau has secured training for 20 clients in a re-integration program at the National Children's Center, a private facility. This program is funded through a grant secured at no cost to the Bureau. Training at the Hyattsville Workshop, another private facility, was secured for three clients at no training cost to the Bureau. Due to these free services we were able to serve many more mentally retarded clients than would have been possible with only the Bureau's restricted Budget.

Problem Areas

The major stumbling block to the successful habilitation of the insitutionalized mentally retarded client is the lack of adequate and appropriate community living arrangements. Also, sheltered work activities need

to be provided at the Forest Haven institution to better prepare those individuals with minimal vocational potential. Finally, there is a need for expanded comprehensive vocational assessment services for lower level retardates at Forest Haven.

Planned Actions

The Bureau will further implement existing programs for residents from Forest Haven who can benefit from rehabilitation services and will work closely with residents who will be moved into other community based facilities as such facilities become available.

MENTALLY RETARDED IN THE COMMUNITY

Goals and Objectives

The major goal in working with the mentally retarded in the community is to provide adequate, appropriate vocational rehabilitation services which lead to a suitable vocational and personal adjustment.

Objectives:

- To attempt to provide adequate, appropriate vocational rehabilitation services to 735 mentally retarded clients and to close 157 cases as rehabilitated during fiscal year 1976.
- To attempt to provide adequate, appropriate vocational rehabilitation services to 924 mentally retarded clients and close 198 cases as rehabilitated during fiscal year 1977.
- To attempt to provide adequate, appropriate vocational rehabilitation services to 804 mentally retarded clients and close 170 cases as rehabilitated during fiscal year 1981.

Background and Accomplishments

Examples of the cooperative programs established by the Bureau of Rehabilitation Services for mentally retarded clients follow:

(1) A special work training shop was established by the District of Columbia Association for Retarded Citizens with funds from the city's Public Schools. Supportive services are provided by the Bureau.

(2) A program has been developed with George Washington University, the Sharpe Health School for Handicapped Children and the Bureau of Rehabilitation Services. This program provides physically handicapped, mentally retarded adolescents with bio-medical engineering devices, and training in the use thereof, to enhance the individual's ability to become vocationally independent.

(3) Three rehabilitation counselors are currently conducting six counseling groups composed of those of their own clients who are concurrently receiving rehabilitation facility services.

(4) One rehabilitation counselor has developed a special counseling group at the Kennedy Foundation with emphasis on job seeking skills. Audio-visual equipment is being utilized to tape and record the sessions in order for clients to evaluate their own strengths and weaknesses.

(5) Rehabilitation counselors have developed good rapport with the Civil Service Commission staff by providing training that stresses the abilities and special needs of severely handicapped clients. The majority of these clients are developmentally disabled.

Appendix B-10
Life Skills Project

Problem Areas

In order to serve all the known severely disabled, mentally retarded adolescents and young adults in the District of Columbia, expensive long-term program planning and increased personnel must be undertaken.

The program outlined above allows many of the mentally retarded to remain in the community and out of public institutions. In light of the trend toward deinstitutionalization, more mentally retarded individuals will be requiring the services of the Bureau of Rehabilitation Services in the coming years.

Planned Actions

Innovative, comprehensive programs such as those mentioned above will be developed and/or continued.

(6) "The Waddy Decree"
Peter Mills et. al. v. Board of Education et. al.

A SUMMARY

The Plaintiffs – This suit was brought by seven school-age children who had been labeled as mentally retarded, emotionally disturbed or behavior problems, and has been denied admission or put out of the public school system. It was determined to be a 'class' action, which means that these children also represent all other children in the D.C. school system who may have the same problems.

The Defendants – This suit was brought against the the D.C. Board of Education, the Superintendent of D.C. Schools, the Mayor, and the District of Columbia.

The Problem – This case arose because of 1.) the failure of the District of Columbia to provide publicly supported education and training for the Plaintiffs and other 'exceptional' children: 2.) the excluding, suspending, expelling, reassigning, and transferring of children from regular school classes without affording them a fair opportunity to object to this and tell their side of the story. The court also observed that failure of the persons named as defendants to cooperate with each other had also contributed to the problem.

THE DEFENSE

The school system admitted its obligation to supply each child with an education suited to his needs; it also admitted its failure to do so. Its defense was that Congress appropriates money for specific services and that changing these funds from assigned services to special education would require an act of Congress. It also claimed that there is not enough money for services unless Congress appropriates more money.

The Court rejected this argument, finding that Constitutional rights must be afforded citizens regardless of the greater expense involved:

> " . . . The District of Columbia's interest in educating the excluded children clearly must outweigh its interest in preserving its financial resources. If sufficient funds are not available to finance all of the services and programs that are needed and desirable in the system, then the available funds must be expended equitably in such a manner that no child is entirely excluded from a publicly supported education . . . The inadequacies of the District of Columbia Public School System, whether occasioned by insufficient funding or administrative inefficiency, certainly cannot be permitted to bear more heavily on the 'exceptional' or handicapped child than on the normal child."

THE DECISION

The Court decided that the situation is *unconstitutional* and therefore must be changed. The Court's reasoning was:

1. Parents are required to send their children to school by the D.C. Code, and criminal penalties are provided for those who fail to do so. The Board of Education is therefore obliged to provide education for all children in order to make it possible for parents to comply with the law.

2. The Supreme Court in the 1954 decision on school segregation ruled that educational opportunity must be made available to all on an equal basis.

3. In Hobson vs. Hansen (1967) Judge Skelly Wright ruled that the doctrine of equal educational opportunity was a part of the law of Due Process, and that denying poor children an equal educational opportunity was a violation of the Due Process clause of the Constitution.

4. Denying handicapped children not only equal education but ALL education violates the Due Process clause. Due Process also requires a hearing before a child is expelled or given a special classification.

RESPONSIBILITY

The Court pointed out that the Board of Education has the responsibility for the education of all children and therefore it has the responsibility for seeing that the Court's orders are obeyed.

The Board and the District Government are directed by the D.C. Code to cooperate on various educational matters of mutual interest, including cost sharing for certain expenses. If the District Government and the Board cannot develop such joint programs, it is the obligation of the Board to develop an appropriate plan and to come before the Court to ask it to decide what responsibilities each side bears.

JUDGEMENT AND DECREE

On August 1, 1972, Judge Waddy granted judgement (the official decision of a court of law), in favor of the Plaintiffs and decreed (a decree is an official order of the court that something be done or not be done) that:

1. No child shall be excluded from public school unless that child is provided a) another educational program suited to his needs which may include special education or tuition grants, and b) an adequate hearing and a regular review of his status and the suitability of his placement.

2. The school system and anyone who has any connection with it is ordered to stop any policies or rules which keep these children out of school unless the children have been provided with a hearing and an alternative education including a periodic review.

3. The District of Columbia must provide each child with a suitable, free education, regardless of how severely the child is handicapped. Claims of insufficient funds shall not excuse this duty.

4. No child may be suspended for more than two days. Suspensions for more than two days require a hearing and an alternate education for the duration of the suspension period.

5. The defendants must provide these children (who brought the suit) with an educational program by September 1, 1972. For children who come to the attention of the school system later, an evaluation must be completed within twenty (20) days after they become known, and placement in a suitable program must be made within thirty (30) days after the evaluation is finished.

   If the evaluation is made during the summer, the placement may wait until the opening of school in September.

6. Announcements and notices must be made on television and radio, and in the *Post,* the *Star,* and the *Afro-American,* informing parents of their rights and of the procedures to enroll in public school programs. These announcements must be repeated four times each year. The purposes of these announcements are to compile a list of children not presently attending school, and to inform parents and guardians of the way in which they may enroll their children in appropriate programs.

7. A list of all identified children must be filed with the Clerk of the Court by August 26, 1972.

8. Notice of this order must be sent to the parent or guardian of every child who has been excluded, suspended or expelled from public school during the last two years, and who has not been provided with an alternative education. The notice will be sent by registered mail and inform the parent of the child's right to an education suited to his needs. The notice is to be sent by August 6, 1972.

9. By August 21, 1972, every identified "exceptional" child must be evaluated by either public or private agencies, and proposals for each child's placement sent to his parent or guardian. At the same time, parents or guardians must be informed that if they object to the proposed placement, they have a right to appear before a Hearing Officer and have their objectives considered.

10. By September 15, 1972, a comprehensive plan shall be filed with the Clerk of the Court; the plan must provide for finding, informing, evaluating, and placing the entire group of children in whose name the suit is brought.

11. By September 15, 1972, a report is to be filed with the Court describing the number of children found, placed, where they were placed, the number of hearings before Hearing Officers, and the outcomes of those hearings.

12. By September 15, 1972, the Board shall file a report showing that the records of past expulsions which were made in violation of a student's rights have been changed; a plan is to be presented also which provided a way for parents to attach clarifying information to a student's record.

13. Hearing procedures and rights in special education placement.

    A) Each child is to be provided with a publicly-supported educational program suited to his needs. It is presumed for the purpose of this decree that a regular public school class with appropriate extra services is preferable to placement in a special school class.

    B) From now on, children in the District of Columbia shall neither be placed in, transferred from or to, nor *denied* placement in any program unless the school Board has notified their parents or guardian of the proposed placement, the reasons for it, and of their right to object at a Hearing. In order to have a Hearing, the parent or guardian must *request* one; if there is no request, there will be no Hearing.

    C) Notice is to be sent by registered mail, and it shall:

        1. Describe what the school intends to do in *detail.*

        2. Clearly state the reasons why such action is necessary – including any tests or reports which were used in making this decision.

3. Describe any alternative educational opportunities which are available.
4. Inform the parent or guardian of the right to object at a Hearing.
5. Inform the parent or guardian of all of their rights before, during and after the placement Hearing (See Section 15).
6. Inform the parent or guardian of the right to a free medical, psychological and educational evaluation of their child.

D) Special education placement Hearings shall be held not sooner than twenty (20) days (unless the parent wants it sooner), nor later than forty-five (45) days after the school Board received the parents' request for a Hearing.

E) Within thirty (30) days after the Hearing, the Hearing Officer must make his decision, put it in writing (including the legal and factual reasons for it) and file it with the school Board. A copy of the decision must also be sent to the parent or guardian by registered mail.

F) Before the Hearing Officer's decision has been made, there shall be no change in the placement of the child: if parent or guardian objects to these changes in writing within five (5) days after they (parent or guardian) receive the notice of the proposed change.

14. Hearing procedures and rights in discipline cases.

A) No child shall be suspended, expelled, postponed, transferred, excluded or in any way denied access to regular classes for more than two (2) days for disciplinary reasons unless: the child's parent or guardian is notified of what is to be done why, and of the fact that there *will* be a Hearing on this action. (A Hearing need not be requested but is automatic).

B) Notice shall be by registered mail or in person and shall contain:

1. A complete description of the disciplinary action the school plans to take (including its duration).
2. Specific, full and clear reasons for it, including the act done by the child as well as the rule broken by this act.
3. A description of alternative education available during the suspension.
4. The time and place of the Hearing.
5. Information regarding the availability of public or private agencies for the free medical, psychological or educational evaluation of the child, if the parent or guardian thinks the child must require special educational services.
6. Information setting forth all of the rights of the parent or guardian before, during, and after the disciplinary Hearing. See Section 15.

C) The Hearing shall take place within four (4) school days of the date upon which the parent receives notice, it can however be postponed for five (5) additional school days by the parent or guardian, who may need more time to prepare for it.

D) Before the Hearing Officer submits a decision, there shall be *no* change in the child's placement and classes and he must be admitted to school, unless: the principal states that he believes that to allow this would physically endanger the child himself, or others. In these *unusual* cases, the principal shall make sure the child receives some form of educational assistance or diagnostic examination during that period *before* the Decision comes down.

E) Before the Hearing Officer decides that discipline is necessary, there must be clear and convincing evidence (evidence almost as strong as that required in a criminal trial) that:

1) The act in question was prohibited, and

2) The child actually committed the act.

F) After this determination is made (that both of the above are true), the Hearing Officer shall take such disciplinary action as *he* shall decide is appropriate. However, this action shall not be more severe than that recommended by school officials.

G) No suspension shall continue for longer than ten (10) school days after the date of the Hearing.

H) If the Hearing Officer decides that disciplinary action is not warranted, all records pertaining to the incident, the proposed disciplinary action and the Hearing shall be destroyed.

I) If it is decided that disciplinary action is necessary, the Hearing Officer shall give written notification of his findings and of the child's right to appeal his decision to the Board of Education, to the child, the parent or guardian and any legal representative of the child.

J) An appeal from the Decision shall be heard by the Student Life and Community Involvement Committee of the Board of Education, which shall provide the child with the opportunity for an oral hearing at which the child may be represented by legal counsel. The Committee shall determine the appropriateness of, and may modify the Hearing Officer's decision. However, in no event may their recommendations be more severe than those of the Hearing Officer.

15. Hearing procedures and rights applicable to *both* special *and* disciplinary cases.

A) The Hearing shall be at a time and place reasonably convenient to the child's parent or guardian.

B) Hearings shall be closed unless the parent or guardian requests an open Hearing.

C) The child shall have the right to a representative of his own choosing including legal council, although *anyone* chosen by the parent or guardian may represent the child. The school Board shall advise the parents of the availability of free legal assistance.

D) At a reasonable time prior to the Hearing, the parent, guardian or representative shall be given access to all public school records as well as *other* public office records pertaining to the child, including tests and reports upon which the proposed action is based.

E) A record shall be made of the Hearing and upon request made available to the parent, guardian or representative.

F) The Hearing Officer shall be an employee of the District of Columbia, but shall not be an agent or employee of the public school system.

G) The parent, guardian or representative shall have the right to have the attendance of any official, employee or agent of the public school system, or *any* public employee who may have evidence upon which the proposed action is based.

H) The parent, guardian or representative shall have the right to cross-examine any witness for the public school system.

I) The parent, guardian or representative shall have the right to present evidence and testimony – including medical, psychological or educational testimony.

J) The school system shall bear the burden of proof (as in a court of law, the person who brings the suit has to prove his case; if he fails the defendant against whom the suit was brought automatically wins; he need not prove *his* case). The school system bears the burden of proof as to any special education placement – disciplinary action or alternative educational opportunity being appropriate.

K) The decision of the Hearing Officer shall be based *solely* upon the evidence and testimony presented at the Hearing.

16. If a child has no parent or guardian, notice is to be given to any adult with whom the child is living and the child himself. Every effort shall be made to insure that the child's rights are protected regardless. Also, provisions will be made for notice to readers.

17. This Court will keep power over this case to make sure it's orders are followed.

*Abstracted from the "Waddy Decree," August 1, 1972.

Appendix C
Life Skills Project

VOLUNTEER INTERVIEW QUESTIONNAIRE

1. Has the P.O.R. System supplied enough information for you to readily assess each client's needs?
2. Are you interacting with other staff to formulate goals for the clients?
3. Do you, as a volunteer, feel this format gives you enough information to help the client meet his/her goals?
4. Do you feel that the clients are benefiting from the program?
5. Have you been able to note changes in any client's behavior?
6. Do you have sufficient time to spend with each client?
7. Do you feel that more volunteer and staff personnel are needed?
8. Do you feel the P.O.R. system builds accountability into this program?
9. Would you recommend the use of the Life Skills P.O.R. system in other institutions?
10. Have you signed off on any "objectives met" on the P.O.R.?
11. Do you feel this Life Skills format helps you identify your role more quickly?
12. Does this system provide a reinforcement for your work as a volunteer?
13. Do you consider your exposure to this system a good experience for you?
14. Have you recommended use of this approach to other volunteers?
15. What additional information do you feel would be helpful to you?

Appendix D - 1

Life Skills Project

TRANSITIONAL SERVICES
EVENING CLASS DIVISIONS - CLASS SCHEDULES

COURSES:

A.	Homemaking	Table Manners
	Teachers - Reba Evans	Room Cleaning
	Bobby Garner	Laundry
		Food Preparation
		Domestic Activity
		Serving
B.	Budgeting & Money Handling	Money
	Teachers - Harry Custis	Budget
	Deborah Engle	Errands
		Purchasing
		Monetary Knowledge
		Using a Bank
C.	Independent Functioning	Writing
	Teachers - John Ross	Measurement
	Janice Martin	Time
		Calendar
		Job Application
		Newspaper
		Mail
D.	Communication	Articulation
	Teachers - Deirdre Trent	Reading
	Delores Brown	Language
		Sight Words
		Telephone

EVENING CLASS DIVISIONS (con't)

I. HOMEMAKING

Teacher _____
Room _____

P.O.R.	ELWYN	SKILL
4		Table Manners
44		Room Cleaning
45		Laundry
47		Food Preparation
49		General Domestic Activity
53		Initiative
66		

II. BUDGETING & MONEY HANDLING

Teacher _____
Room _____

P.O.R.	ELWYN	SKILL
28		Money Handling
29		Budget
30		Errands
31		Purchasing
53		Initiative
66	II	Monetary Knowledge
	IX	Using a Bank

III. MISCELLANEOUS INDEPENDENT FUNCTIONING

Teacher _____
Room _____

P.O.R.	ELWYN	SKILL
21		Miscellaneous Skills
32		Writing
53		Initiative
66	III	Measurement
	IV	Time & Calendar
	V	Job Application
	VI	Newspaper
	VII	Communication - Mail

IV. COMMUNICATION

Teacher _____
Room _____

P.O.R.	ELWYN	SKILL
34		Articulation
37		Reading
40		Miscellaneous Language Development
53		Initiative
66	I	Sight Word
	VII	Use of Telephone

EVENING CLASS DIVISIONS (con't)

COUNSELOR / VOC. REHAB. / SOCIAL WORKER / NURSE

P.O.R.	ELWYN	SKILL
9		Personal Hygiene
51		Job Performance
52		Work Habits
53		Initiative - Initiates Activities
54		Passivity
56		Persistence
57		Leisure Time
58		Responsibility
59		Group Responsibility
60		Co-operation
61		Consideration of Others
64		Participation in Group
66		Activities
2		Eating in Public
4		Table Manners
		Trips in the Community
19		Public Transportation
	VIII	Transportation
50		Job Complexity

NURSES

Part II		Medication
44		
Part II		Sexual Behavior
36		

DIRECTOR OF TRANSITIONAL SERVICES

Part II	
45	Legal Consequences
46	Legal Rights

Appendix D - 4
Life Skills Project

TRANSITIONAL SERVICES EVENING CLASS SCHEDULE

DAY: Monday & Wednesday

TIME: 7 - 9 p.m.

TOTAL CONTACT HOURS PER SEMESTER / 16

Semester I - June 16 to July 9
Evaluation - July 10 & 11

Semester II - July 14 to August 6
Evaluation - August 7 & 8

Semester III - August 11 to September 3
Evaluation - September 4 & 5

Semester IV - September 8 to October 1
Evaluation - October 2 & 3

GRADUATION - October 26, 1975

Appendix E
Life Skills Project

AREAS A AND B TREATMENT TEAMS

AREA A

People involved in training with the Adaptive Behavior Scale.

1. Ms. D. Johnson - Senior Counselor of Magnolia Cottage
2. Ms. M. Blankumsee - Senior Counselor of Maple Cottage
3. Ms. D. Thompson - Senior Counselor of Oak Cottage
4. Ms. E. Grier - Senior Counselor of Camellia Cottage
5. Ms. B. Galloway - Assistant Counselor of Camellia Cottage
6. Mr. J. Brevard - Area Coordinator
7. Ms. P. Evans - Senior Counselor
8. Ms. M. Lombardo - Speech Pathologist
9. Ms. P. Smith - Social Service Rep.
10. Mr. D. Burket - Education
11. Ms. D. McFarland - R.N.
12. Ms. L. Connelly - Supervisor, R.N.
13. Ms. W. Johnson - Recreation
14. Mr. F. M. Washington - Senior Counselor

AREA B

People involved in training with the Adaptive Behavior Scale

1. Mr. W. Davis - Senior Counselor of Jones Hall
2. Mr. E. Ramey - Jones Hall Counselor
3. Mr. F. Giles - Jones Hall Counselor
4. Ms. E. Mosby - Senior Counselor of Collier Hall
5. Ms. B. Reid - Collier Hall Counselor
6. Ms. D. Thomas - Collier Hall Counselor
7. Ms. S. Lamm - Collier Hall Counselor
8. Mr. W. Hodge - Assistant Superintendent
9. Ms. S. Simpson - Physical Therapist
10. Ms. G. Ness - Nurse
11. Mr. W. Spann - Chief of Cottage Life
12. Mr. C. Lee - Chief of Area D
13. Mr. C. McCullum - D.V.R.
14. Ms. R. Wintermoyer - Assistant Superintendent
15. Ms. M. Cavanaugh - Social Services

Appendix F
Life Skills Project

INSTRUCTORS FOR AREA B CLIENTS

Collier Hall:

Functional Words - Evelyn Mosby, Senior Counselor of Collier Hall
Time Telling - Jean Federici, Field Instructor / Activity Therapist
Money Handling - Phil Slabaugh, Volunteer
Socialization - Doris Thomas, Collier Hall Counselor
Personal Hygiene - Barbara Reid, Counselor of Transitional Services

Jones Hall:

Functional Words - Euron Ramey and Frank Giles, Jones Hall Counselors
Socialization - William Davis, Senior Counselor of Jones Hall
Personal Hygiene - Jean Federici and Phil Slabaugh, Field Instructor and Volunteer

Appendix G-1

Life Skills Project

MASTER SCHEDULE FOR COMMUNICATION AND TRAINING

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Aug 29	Steering Committee	Forest Haven, Rt-9 Georgetown UAF Division of Developmental Disabilities, Lynchburg	Planning			Collaborative activity planned; exchange site visits; third party evaluation (interface)
Sept 5	Steering Committee	Forest Haven, Rt-9, (same as above)	Planning			Improved communications with D.D.C.
Oct 10	Steering Committee	D.C. area representatives, Va. D.D.C., DVR, Lynchburg, Forest Haven	Planning	12 - members steering committee		Introduction of broker-advocate D.D. specialist, cooperative efforts
Oct 10 - 11	Northern Virginia Training Center	NVTC staff, Project Coordinator and Training Instructor from Forest Haven	Training	2 members of Forest Haven staff		Introduction to POR
Oct 22	Dr. G.S. Folsom	Forest Haven staff, Lynchburg	Planning	10 - Forest Haven Planning Team, 1-unit director, Lynchburg		Cooperative training meetings and institutional needs
Nov 1	Miss Greene Dr. Folsom	G.W.U.; Forest Haven	Training	15 - Area B Key treatment team	Follow - up	Introduction to Project; use of ABS
Nov 11	Dr. Folsom	G.W.U.; Forest Haven; U.A.F.	Project Team Planning	8 - Project Staff & advisor; representative from HKLS		Status report of project; introduction of new staff members.
Nov 14	Dr. Folsom	G.W.U.; Forest Haven; D.V.R.	Training team meeting - planning	Project Staff, Administrative Staff; Forest Haven & DVR		Technical aspects of administration of ABS. Training schedule.
Nov 19	Dr. Folsom Ms. Federici	G.W.U.; Forest Haven	Direct Training	13 - Key treatment team - Area A	Pre-test on Team Approach, Deinstitutionalization - Attitudes, POR, ABS, Attitude Therapy	
Nov 18 - 29	Ms. Federici	Forest Haven	Indirect Training	4 Cottages - Senior counselors	Follow-up: on-the-spot teaching & guidance.	Use of the ABS
Dec 2-6	Ms. Federici	Forest Haven	Indirect Training	4 Cottages - Counselor	On-the-spot teaching & guidance	Use of the ABS

Appendix G - 2
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Dec 3	Dr. Folsom Ms. Federici Mrs. Sessions	G.W.U.; Forest Haven; No. Va. Training Ctr. Planned Parenthood; Childrens Achievement Center	Task Force - Planning & Sharing	7 - Agencies and Project staff	Minutes from meeting distributed to members	Life Skills - Introduction to Project
Dec 4	Dr. Folsom Mrs. Federici Mrs. Sessions	G.W.U.; Forest Haven; D.C. Developmental Services Ctr.; D.C. Special Education; G.W.U. Mobility Project; Md. - Capital Park and Planning Commission; D.C. Council (parent); UAF; OTC; AOTA; Georgetown Law School; Maryland Dept. of Retardation.	Task Force - Planning and Sharing	13 - Agencies and Project Staff.	Minutes from meetings distributed to members.	Life Skills - Introduction to Project
Dec 5	Dr. Folsom Ms. Federici	G.W.U.; Forest Haven; U.A.F.; D.V.R.	Teaching Team - Planning	7 - Teaching team & D.V.R.	Minutes	Lynchburg Conference - Planning; ABS Progress Report; Task Force Organization; Communication Project and D.V.R.
Dec 6	Miss Greene	G.W.U.; Forest Haven	Area Team A	13	Pre-test; Team Approach; Attitudes; POR; ABS	
Dec 9-20	Ms. Federici	G.W.U.; Forest Haven	Indirect Training			
Dec 10	Dr. Folsom Mr. Queene Dr. Noone Dr. Sloop Mr. White Dr. Nelson	G.W.U.; Forest Haven; U.A.F.; D.V.R.; Lynchburg Training School	Training	200 - staff - Lynchburg	Minutes	Deinstitutionalization; History and Philosophy Life Skills Project - Introduction
Dec 10	Ms. Federici Mr. Burket Miss Greene Mr. Hodge	G.W.U.; Forest Haven; Lynchburg Training School	Training	4 - Staff		POR - Observation of program at Lynchburg
Dec 11	Mrs. Moore, OTC	G.W.U.; Forest Haven; D.V.R.	Observation	2 - Dr. Folsom; Mrs. Federici		Orientation to outreach agency.
Dec 12	Dr. Folsom	G.W.U.; Forest Haven	Planning & Evaluation	2 - Mr. Queene; Miss Greene	Evaluation - Lunchburg meeting	

Appendix G - 3
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classi-cation of trainees	Evaluation	Content of Training
Dec 12	Ms. Federici Dr. Folsom	G.W.U.; Forest Haven	Follow-through Indirect Train-ing	2-Maple; 1-Jones; 2-Magnolia; 2-Oak		ABS Testing - Mini Team Concept
Dec 12	Dr. Folsom	G.W.U.; Forest Haven	Task Force	4 - Forest Haven	Minutes	Life Skills Intro.
Dec 19	Dr. Folsom Ms. Federici Miss Greene Mr. Burket	G.W.U.; Forest Haven	Training	90 - Teachers at Mary Ziegler School Cottage Counselors	Pre-test; ABS; Attitude therapy; Deinstitutionalization	Intro. to Project; Life Skills concepts; and ABS.
Dec 19	Dr. Folsom	G.W.U.; Forest Haven; D.V.R.	Planning	4	Minutes	Training; planned Jan. 15-16 program; counselling groups - O.T.C.
Jan 2, 1975	Dr. Folsom	G.W.U.; Forest Haven	Direct Training	11 - Executive Staff	Minutes	Attitude Therapy, Team Concept
Jan 9	Dr. Folsom	G.W.U.; Forest Haven	Task Force Planning & sharing	8 - Executive & Counseling Staff	Minutes to Members	Life Skills - Information exchange
Jan 9	Dr. Folsom Ms. Greene	G.W.U.; Forest Haven	Planning	4 - Training Team	Minutes	Planned Jan. 15-16 Training Program
Jan 9	Ms. Greene	Forest Haven	Direct Training	Counseling Staff	Verbal Feedback	Goal Planning
Jan. 15-16	Dr. Folsom Ms. Greene Ms. Federici Mr. Queene Mr. Hodge Dr. Sloop	G.W.U.; Forest Haven No. Va. Training Ctr.; D.C. Bureau of Rehab. Services; Park & Planning Comm; D.C. Developmental Services; D.C. Reintegration Project; American Occupational Therapy Assn.; Riggs National Bank; I.B.M.; Comm. Workers of America; D.V.R.; HUD: Lynchburg Training School; D.D. Council	Training and Working Groups	12 - Task Force members 5 - D.C. Business people 5 - Project Staff 122 - Forest Haven Staff Teachers, Counselors, Secretaries, Executive Staff, Therapists, etc. See page 4 , Appendix R for Attendance Isit.	Evaluation sheet minutes, Pre-tests & Post-tests, Verbal feedback	POR; Deinstitution.; Attitude Therapy; Communication Training; Work Groups
Jan 22-31	Ms. Federici Mr. Slabaugh Ms. Reid	G.S.U.; Forest Haven	Direct Training & Indirect Training for Staff	45 - Women from Collier Hall	Instructor's Evaluation	Grooming classes; Time concept; Money concept

Appendix G - 4
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Jan 23	Ms. Greene	Forest Haven	Direct Training	16 - Night Staff		ABS; POR; Goal Planning
Jan 24	Ms. Greene	Forest Haven	Direct Training	Record Committee		POR
Jan 28	Ms. Greene	Forest Haven	Direct Training	66 - Foster Grandparents		POR; Goal Planning; Attitude Therapy
Jan 28	Ms. Greene	Forest Haven	Direct Training	45 - Teachers		Goal Planning
Jan 29	Ms. Greene	Forest Haven	Direct Training	13 - Counselors		Goal Planning
Jan 29	Dr. Folsom Mr. Hodge	G.W.U. Forest Haven	Planning			Grant Renewal
Jan 30	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	16 - Jones Hall clients	Teacher Evaluation	Grooming classes
Jan - Feb - March	Ms. Reid Ms. Mosby Ms. Thomas Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Began Direct Training	43 - Collier Hall clients	Teacher Evaluation	Classes in Personal Hygiene, Time, Money, Reading & Writing; Classes to be held bi-weekly and daily.
Jan - Feb - March	Mr. Giles Mr. Davis Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Began Direct Training	28 - Jones Hall clients	Teacher Evaluation	Classes in Personal Hygiene, Reading & Writing, Socialization; Classes to be held daily and bi-weekly.
Feb 3	Dr. Folsom	G.W.U.; Forest Haven	Direct Training	12 - Career Development Staff	Follow-up Training	Attitude Therapy
Feb 5	Ms. Greene	Forest Haven	Direct Training	4 - Counselors		Goal Planning
Feb 10	Dr. Folsom	G.W.U.; Northern Va. Training Ctr.	Direct Training	86 - Interdisciplinary Staff		Attitude Therapy/ Team Approach
Feb 12	Project Staff Mr. Burket Mrs. Kaplan Mr. Davis Mrs. Simpson	G.W.U.; Forest Haven	Planning & Evaluation for Curriculum		Minutes	Introduced new training format, planned levels and reorganization.
Feb 20	Dr. Folsom	G.W.U.; Forest Haven	Direct Training	Ms. Mosby, Ms. Reid Mr. Davis, Mr. Giles	Minutes	Attitude Therapy
Feb 21	Dr. Folsom Ms. Brown	G.W.U.; Sharpe Health School	Observation & Planning	4 - Project Staff 2 - Sharpe Health Staff	Follow - up Correspondence	Orientation to Outreach Agency

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Feb 26	Mini - Teams	G.W.U.; Forest Haven	Began mini-teams	Teacher - 2 counselors & 1 client for ea Mini-Team; 1 Mini-Team per client.		Meetings will be an on-going process, weekly
Mar 3	Dr. Folsom	Planned Parenthood, UAF, G.W.U.; American Occupational Therapy Association	Task Force Meeting	7 - Task Force Members and Project Staff	Minutes	Information Exchange
Mar 4	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up Progress noted	Money Handling, Time, Filling out applications.
Mar 4	Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	8 - Clients	Bi-weekly Evaluation; Supervisor evaluates daily progress	Personal Hygiene, Functional Words
Mar 5	Ms. Federici	G.W.U.; Forest Haven	Direct Training, Mini-Team Meeting	4 - Project Staff; 2 Counselors Teacher	Follow-up goal planning sheet filled out.	How to effectively plan goals for client
Mar 5	Ms. Federici Mr . Slabaugh	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money, Time, Functional Words, Applications
Mar 6	Dr. Folsom Ms. Federici Mr. Slabaugh Mr. Queene Mr. Hodge Mr. Burket Ms. Greene	G.W.U.; Forest Haven	3 Meetings for Planning & Evaluation		Minutes	Data Base and ABS materials for Mr. Hodge. Training format and Sex Education
Mar 6	Dr. Folsom Ms. Ingenito Forest Haven Staff	G.W.U.; Forest Haven	Interface Planning	8 - Project Staff & Forest Haven Staff	Minutes	Coordinating Life Skills Project with Developmental Stimulation Project
Mar 6	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money, Time, Functional Words, Applications
Mar 6	Mr. Federici	G.W.U.; Forest Haven	Direct Training	8 - Clients	Client Supervisor Follows up daily	Personal Hygiene, Functional Words
Mar 7	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money, Time, Hygiene, Functional Words

Appendix G-6
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Mar 10	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Indirect Training	1 - Mr. Whitlock Transitional Services	Entered in Log Book	Use of P.O.R. with Level 1 Clients
Mar 10	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money, Functional Words; Using a Catalogue
Mar 11	Dr. Folsom	G.W.U.; Forest Haven	Planning Meeting	5 - Forest Haven Staff 3 - Project Staff	Minutes	Reorganization Plans
Mar 11	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money, Functional Words, Using a Catalogue, Time
Mar 11	Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	8 - Clients	Client supervisor follow-up daily	Name Writing, Personal Hygiene, Functional Words
Mar 12	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	11 - Community Component Staff; Project Staff	Follow-up on Results	Interpretation and Scoring of the ABS.
Mar 13	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Time Functional Words
Mar 13	Ms. Federici	G.W.U.; Foest Haven	Direct Training	9 - Clients	Client Supervisor Follows up daily	Personal Hygiene, Functional Words, Filling out Forms
Mar 14	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Functional Words, Filling out forms
Mar 15	Ms. Federici	G.W.U.; Forest Haven	Direct Training	15 - Clients	Daily Follow-up	Meeting new people in socially acceptable way
Mar 17	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Dept. Action Plan, Task Force Indirect Training	8 - D.A.P. Task Force Members, Project Staff	Entered in Log Book, Follow-up	Adaptive Behavior Scale Scoring
Mar 17	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Time Functional Words
Mar 18	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Time Functional Words

Appendix G - 7
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Mar 18	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training, Mini-Team Meeting	4 - Teacher Counselor, Project Staff	Follow-up, Goal Planning sheets filled out	Establishing priority goals for two clients.
Mar 18	Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	8 - Clients	Client Sup. Follows up	Personal Hygiene, Functional Words, Name Writing
Mar 19	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Math, Functional Words
Mar 20	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Time, Simple math
Mar 20	Ms. Federici	G.W.U.; Forest Haven	Direct Training	9 - Clients	Client Supervisor follows up daily	Personal Hygiene, Name Writing, Self Awareness
Mar 22 - 25	Ms. Betty J. Ms. Delores A. Ms. Evelyn (Clients)	Forest Haven	Client Trains Client - Direct Training	8 - Clients	Follow-up	Knowing proper amount of money to cashier for a purchase.
Mar 21	Dr. Folsom	G.W.U.; Forest Haven	Staff Development	17 - Level I Staff	Minutes	Educating Staff in use of Life Skills Curriculum Guides
Mar 26	Ms. Federici	G.W.U.; Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Money (Making Change) How not to be cheated.
Mar 26	Ms. Thelma (Client)	Forest Haven	Client Training Direct Client	1 - Client	Follow-up	Functional Words, Simple addition
Mar 27	Ms. Federici	G.W.U.; Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Prices on grocery items, Money, Func. Words.
Mar 27	Ms. Federici	G.W.U.; Forest Haven	Informal Training	1 - Sp. Education teacher (Mr. Goins)	Follow-up	The POR System
Mar 28	Ms. Federici	G.W.U.; Forest Haven	Direct Training	3 - Clients	Daily Follow-up	Money, Applications Using a calendar
Mar 28	Ms. Federici	G.W.U.; Forest Haven	Direct Training	2 - Teachers	Follow-up	Administering the ABS
Mar 31	Ms. Federici Mr. Slabaugh	G.W.U.; Forest Haven	Direct Training	6 - Project and Transitional Serv. Staff	Follow-up	Transferring ABS results to POR.

Appendix G-8
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Mar 31	Mr. Slabaugh Ms. Federici	G.W.U.; Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money, Funct. Words
Mar 20	Ms. Slabaugh Ms. Federici	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Time, Simple Math
Mar 20	Ms. Federici	Forest Haven	Direct Training	9 - Clients	Client Super. performs daily follow-up	Personal Hygiene, Name Writing, Self Awareness
Mar 22-25	Ms. Betty J. Ms. Delores Ms. Evelyn (Clients)	Forest Haven	Client trains Client - Direct Training	8 - Clients	Follow-up	Knowing proper amt. of money to pay cashier for a purchase.
Mar 26	Ms. Federici	Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Money Handling, (making change), How not to be cheated out of money.
Mar 26	Ms. Thelma (Client)	Forest Haven	Client Trains Client - Direct Training	1 - Helen Andrews	Follow-up	Recognizing the Functional Words Simple Addition.
Mar 27	Ms. Federici	Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Reading prices on grocery items, Money, Functional Words
Mar 27	Ms. Federici	Forest Haven	Informal Training	1 - Special Education Teacher (Mr. Ross)	Follow-up	The Problem Oriented Record System
Mar 28	Ms. Federici	Forest Haven	Direct Training	3 - Clients	Daily Follow-up	Money Handling Filling out applications, Using a calendar
Mar 28	Ms. Federici	Forest Haven	Direct Training	2 - Teachers	Follow-up	Administering the ABS
Mar 31	Ms. Federici Ms. Slabaugh	Forest Haven	Direct Training	6 - Project Staff Transitional Services Team	Follow-up	Transferring ABS. Results to the Problem Oriented Record System
Mar 31	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling, Functional Words
Apr 1	Mr. Slabaugh Ms. Federici Dr. Folsom Lisa Folsom	Forest Haven	Direct Training	7 - Clients	Daily Follow-up	Reading Prices, Money Management
Apr 1	Mr. Slabaugh	Forest Haven	Direct Training	5 - Clients	Client Supervisor does daily follow-up	Personal Hygiene, Filling out applications

Appendix G-9
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Apr 2	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling, Functional Words, Using the Calendar
Apr 2	Ms. Federici	Forest Haven Univ. of Maryland	Direct Training	7 - University Students	Bi-weekly follow-up	Introduction to the Life Skills Project. Role of the tutor in the POR System
Apr 3	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling, Using the Calendar
Apr 3	Ms. Federici	Forest Haven	Direct Training	9 - Clients	Client Supervisor does daily follow-up	Personal Hygiene, Counting Money
Apr 3	Mr. M. Mr. W. (Clients)	Forest Haven	Client trains Client	5 - Clients 2 - Client Trainers	Client Supervisor does daily follow-up	Functional Words, Reading prices on personal hygiene items.
Apr 4	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling Functional Words
Apr 7	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling, Using a Calendar
Apr 8	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling, Telling Time Using a Calendar
Apr 8	Mr. Slabaugh	Forest Haven	Direct Training	6 - Clients	Client Supervisor does daily follow-up	Personal Hygiene Functional Words Writing own names
Apr 8	Ms. Federici	Forest Haven Univ. of Maryland	Direct Training	2 - University Students	Weekly supervision of tutors working with clients.	How to use the Problem Oriented Record System
Apr 9	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling, Telling Time, Using a Calendar
Apr 10	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling, Telling Time, Functional Words
Apr 10	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Client supervisor does daily follow-up	Money Handling, Personal Hygiene
Apr 11	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Use of Telephone Money Handling

Appendix G - 10
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Apr 14	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Telling Time Money Handling
Apr 15	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Use of a Calendar, Money Handling
Apr 15	Mr. Slabaugh	Forest Haven	Direct Training	4 - Clients	Client Supervisor does daily follow-up	Personal Hygiene, Name Writing
Apr 16	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling, Grocery shopping skills
Apr 17	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling, Use of the telephone
Apr 17	Ms. Helen (Client)	Forest Haven	Direct Training Resident trains Resident	5 - Clients	Daily Follow-up	Dialing a Telephone
Apr 17	Ms. Federici	Forest Haven	Direct Training	7 - Clients (Jones Hall)	Client Supervisor does daily follow-up	Money Handling, Functional Words
Apr 17	Mr. Warren (Client)	Forest Haven	Direct Training Client trains Client	7 - Clients (Jones Hall)	Supervised by Ms. Federici	Recognizing community Words
Apr 18	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling Catalog Ordering
Apr 18	Ms. Federici	Forest Haven	Direct Training	3 - Cottage Staff 1 - Teacher	Finished sheet on goal planning	Setting priority goals for clients.
Apr 21	Ms. Slabaugh Ms. Federici	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Recognizing Community Words, Telling Time
Apr 22	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Shopping Skills Money Handling
Apr 22	Ms. Federici	Forest Haven	Direct Training	7 - Clients (Jones Hall)	Client Supervisor does daily follow-up	Money Handling Functional Words
Apr 22	Sue Pendleton Debbie Murphy	Univ. of Maryland Forest Haven	Direct Training	3 - Clients	Tutors are supervised by L.S. Pro-Project Staff	Functional Words, Money Handling Shopping Skills
Apr 23	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling Telling Time

Appendix G-11
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
Apr 23	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	1 - Housemother 1 - Social Worker	Superv. and scoring of their completed ABS's.	How to administer the ABS
Apr 24	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Dailing the Telephone, Money Handling
Apr 25	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training (Collier Hall)	11 - Clients	Daily Follow-up	Money Handling, Name Writing
Apr 28	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training (Collier Hall)	12 - Clients	Daily Follow-up	Money Handling Socialization Skills (Wary of strangers)
Apr 29	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training (Collier Hall)	12 - Clients	Daily Follow-up	Money Handling, Job Interviewing (Role Playing)
Apr 29	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Client supervisor does daily follow-up	Functional Words, Telling Time, Personal Hygiene
Apr 29	Mr. Dale (Client)	Forest Haven	Direct Training (Client to Client)	6 - Clients	Client supervisor does daily follow-up	Community Words
Apr 30	Dr. Folsom	Forest Haven G.W.U.	Transitional Services Life Skills Workshop	35 F.H. Staff Social Workers/ Nurses/Counselors/ Administrators	Eval Form filled out by each workshop participant	Attitude Therapy Team Approach The POR
May 1	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training (Collier Hall)	12 - Clients	Daily Follow-up	Dialing the Telephone Money Handling
May 2	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training (Collier Hall)	10 - Clients	Daily Follow-up	Money Handling, Use of the Calendar, Functional Words
May 5	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling Using a Catalog
May 6	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling, Telling Time
May 6	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Client Supervisor does daily follow-up	Money Handling, Personal Hygiene
May 7	Ms. Federici	Forest Haven	Direct Training	2 - School Principal & Resource Teacher	Follow-up on completed ABS booklets	Administration of of the ABS and scoring of results obtained

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of Training
May 7	Ms. Federici Mr. Slabaugh	Forest Haven (video taped)	Direct Training	9 - Clients	Daily Follow-up	Money Handling Telling Time
May 8	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Using the Telephone Money Handling
May 9	Mr. Slabaugh	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling Calendar Use
May 13	Ms. Federici	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling Functional Words Use of the Calendar
May 13	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Client Supervisor does daily follow-up	Functional Words Personal Hygiene
May 15	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Use of the Telephone Money Handling
May 16	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Functional Words Money Handling
May 19	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Money Handling Shopping Skills
May 20	Mr. Slabaugh	Forest Haven	Direct Training	Clients	Daily Follow-up	Money Handling Telling Time
May 20	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Client Supervisor does daily follow-up	Personal Hygiene Room Cleaning
May 21	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	12 - Clients	Daily Follow-up	Shopping Skills Money Handling
May 21	Ms. Federici Ms. Slabaugh	Forest Haven	Direct Training	20 Teachers of the Mary Ziegler School	Finished Test Results	Scoring "The Adaptive Behavior Scale"
May 27	Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Money Handling Shopping Skills
May 27	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Client Supervision does daily follow-up	Personal Hygiene Money Handling
May 28	Mr. Slabaugh	Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Money Handling Shopping Skills
May 29	Mr. Slabaugh	Forest Haven	Direct Training	6 - Clients	Daily Follow-up	Money Handling
May 30	Mr. Slabaugh	Forest Haven	Direct Training	5 - Clients	Daily Follow-up	Shopping Skills Money Handling

Appendix G - 13
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of training
Jun 2	Ms. Federici Mr. Slabaugh	Forest Haven	Direct Training	8 - Clients	Daily Follow-up	Functional Words Money Handling
Jun 3	Ms. Federici	Forest Haven	Direct Training	7 - Clients	Daily Follow-up by Client Sup.	Personal Hygiene Money Handling
Jun 4	Ms. Federici Mr. Slabaugh	Forest Haven	Informal Training	3 - Forest Haven Staff Transitional Services	Finished life skill-evening programs	Using POR objectives as curriculum base for Evening Class Instruction
Jun 4	Ms. Federici Ms. Slabaugh	Forest Haven	Direct Training	8 - Clients	Daily Follow-up	Money Handling Use of a Calendar
Jun 5	Ms. Federici Mr. Slabaugh Ms. Loewen	Forest Haven	Direct Training	11 - Clients	Daily Follow-up	Money Handling Functional Words
Jun 6	Ms. Federici Mr. Slabaugh Ms. Loewen	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling
Jun 9	Ms. Federici Mr. Slabaugh Ms. Loewen	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling Functional Words
Jun 10	Ms. Federici	Forest Haven	Direct Training	Voc Rehab Counselor Houseparent - 2	Supervision of POR	POR establishment in the Mens Halfway House
Jun 10	Ms. Federici Mr. Slabaugh Ms. Loewen	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling Functional Words Socialization Skills
Jun 10	Ms. Federici	Forest Haven	Direct Training	2 Tutors	Supervision of POR	Using the POR
Jun 11	Mr. Slabaugh Delores Loewen Ms. Federici	Forest Haven	Direct Training	10 - Clients	Daily Follow-up	Money Handling Telling Time Functional Words
Jun 12	Elizabeth Kiser Ms. Federici	Forest Haven Great Oaks	Direct Training	10 Staff 1 - Great Oaks Psychol. 5 - Forest Haven Staff 4 - Project Staff	Evaluation of Manual	Life Skills Manual and Slide Presentation
Jun 12	Ms. Loewen Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	9 - Clients	Daily Follow-up	Functional Words Money Handling
June 12-[illegible]	Ms. Federici Mr. Slabaugh Ms. Kerr, Ms. Tinker	Forest Haven	Evaluation	14 Area A treatment Team; 13 Area B treatment team; 30 Forest Haven staff and Mary Zeigler teachers; 8 - executive staff	Post-tests, 10 Evaluation Sheets	ABS, Team Functioning, Objective Plans, Attitude Therapy

Appendix G - 14
Life Skills Project

MASTER SCHEDULE (con't)

Date	Conducted by	Agencies Represented	Type of Meeting	No. & Classification of trainees	Evaluation	Content of training
Jun 13	Ms. Kiser	No. Virginia Training Ctr.	Training	5-Staff 2 Program Managers 2 Psychologists 1 Chief, Educ. & Training	Evaluation of Manual Objective Plans	Life Skills Manual and Slide Presentation Plans
Jun 16	Ms. Loewen Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	9 - Clients	Daily Follow-up	Use of Telephone Functional Words
Jun 16	Transitional Services Project Staff	Forest Haven	Introductory Meeting	Counselors & Mary Zeigler teachers		Transitional Services & clients met to establish class schedules.
Jun 16-23	Ms. Federici	Forest Haven	Testing	20 - Level I Clients	Post-test	ABS
Jun 16 - Oct 26	Transitional Services	Forest Haven	Direct Training	Transitional Services Teachers, Clients	Class hours Completed	Training in Homemaking, Budgeting, Money Handling, Independent Functioning
Jun 17	Ms. Loewen Mr. Slabaugh Ms. Federici	Forest Haven	Direct Training	9 - Clients	Daily Follow-up	Money Handling Time Concepts
Jun 17	Ms. Kiser Ms. Tinker	Forest Haven	Interview	5 - Volunteers	Questionnaire	Volunteer Use of POR
Jun 19	Dr. Folsom Ms. Federici Ms. Kiser Ms. Tinker	Forest Haven	Evaluation	5 Forest Haven Staff 4 Project Staff	Evaluation of Manual & Objective Plans	Life Skills Manual & slide presentation, Objective Plans
Jun 23	Dr. Folsom	No. Virginia Training Center	Evaluation	2 - Program Managers 2 - Psychologists 1 - Chief, Educ. & Training	Evaluation of Manual & Objective Plans	Life Skills Manual & slide presentations, Objective Plans
Jun 24	4 Volunteers	U. of Maryland	Training	7 Clients		Trip to McDonald's Hygiene, Socialization, Money.
Jun 27	Dr. Folsom Ms. Federici	Forest Haven	Graduation	12 Level I Clients Project Staff	Completion of 85 100 hrs. of training	Adult Education Using Life Skills

MINI - TEAMS

Members of Oak Cottage Mini-Teams

D. L. Thompson, O. Johnson, J. Knight
J. Morgan, O. Johnson, M. Davis
G. Phillips, O. Johnson, M. Davis
J. Morgan, G. Northington, M. Davis
D. L. Thompson, M. Watkins, B. Harrison
D. L. Thompson, O. Johnson, B. Harrison
E. Haber, G. Northington, J. Knight
Z. Burnette, O. Johnson, M. Davis
D. L. Thompson, G. Northington, B. Harrison
G. Phillips, O. Johnson, M. Davis

Members of Magnolia Cottage Mini-Teams

M. Eldridge, M. Mattox
J. Knox, L. Goins
G. Phillips, J. Knox, L. Goins
N. Rosenbluth, G. Woods, G. McQueen
J. Morgan, G. Woods, G. McQueen
S. Jenkins, G. Woods, G. McQueen
E. Haber, J. Knox, L. Goins
Z. Burnette, J. Knox, L. Goins
E. Haber. G. Woods, G. McQueen
Z. Burnette, G. Woods, G. McQueen
N. Rosenbluth, M. Eldridge, M. Mattox

Members of Maple Cottage Mini-Teams

H. Harrison, L. Brown
C. Massey, J. Hill, J. Safran
J. Albrecht, C. Banks, J. Safran
J. Albrecht, C. Banks, S. Jenkins
J. Albrecht, C. Banks, N. Rosenbluth
J. Albrecht. C. Banks
H. Harrison, L. Brown, E. Ulino
H. Harrison, L. Brown, S. Jenkins
J. Albrecht, C. Banks, J. Safran

Members of Camellia Cottage Mini-Teams

J. Safran, C. Thompson, B. Rush
N. Rosenbluth, C. Thompson, B. Rush
N. Rosenbluth, L. Watson, Ms. Erwin
W. Pugh, D. Chieffo, R. Wilson
N. Rosenbluth, D. Chieffo, R. Wilson
E. Grier, L. Watson

Appendix I
Life Skills Project

WORKSHOP EVALUATION SHEET
April 30, 1975

Place a check in the column which most nearly expresses your opinion.

		Excellent (a)	Very Good (b)	Good (c)	Fair (d)	Poor (e)
1.	This presentation of the Life Skills Model was	1.				
2.	The slides were	2.				
3.	Dr. Folsom's presentations were	3.				
4.	The presentation of the deinstitutionalization concepts was	4.				
5.	The presentation of the Team Approach was	5.				
6.	The presentation of the educational model was	6.				
7.	The rationale for using the Mini-Team as a method of utilizing staff in program planning was	7.				
8.	The presentation of goal setting techniques was	8.				
9.	The presentation of Attitude Therapy was	9.				
10.	The presentation of institutional Life Skills was	10.				
11.	The presentation of community Life Skills was	11.				
12.	My understanding of my role in this institution before this project was introduced was	12.				
13.	I feel my process of change toward incorporating these Life Skills concepts has been	13.				
14.	The presentation of the P.O.R. through Life Skills concepts has been	14.				
15.	I think I could help plan a_____ individualized program for a client whom I know well.	15.				
16.	I would rate my skills in administering the A.B.S. as	16.				
17.	I think I could use these slides for a presentation which would be	17.				
18.	I would judge this workshop as_____if I had not been exposed to these ideas before	18.				
19.	I felt our Mini-Team functioned at a level which could be rated as	19.				
20.	As a member of my Mini-Team my contribution was	20.				
21.	If this workshop were given for credit, the odds of my taking the course would be	21.				

Make additional comments or suggestions on back of this sheet.

Appendix J

Life Skills Project

OBJECTIVE PLAN EVALUATION

NAME
JOB DESCRIPTION
DATE
ABS PROBLEM
OBJECTIVE

Check one:
We do / do not use the ABS.
We do / do not use the POR.

Circle one:

PART I: *MATERIALS:*

1. Do the materials fit the skill/activity? YES NO
2. Are the materials available to your institution? YES NO

COMMENTS:

PART II: *SETTING:*

1. Is the required area available inside your institution? YES NO
2. Is the required area available outside the institution? YES NO

COMMENTS:

PART III: *MASTER INSTRUCTIONAL PLAN:*

1. Do you understand the directions of the Master Instructional Plan? YES NO

COMMENTS:

PART IV: *PROCEDURES/CHECKLIST:*

1. Are the instructions clear? YES NO
2. Would you use the basic model for other activities? YES NO

COMMENTS:

***Does the plan meet the objective? YES NO

COMMENTS:

***Would you use this plan? YES NO

COMMENTS:

THANK YOU VERY MUCH!!!!

Appendix K
Life Skills Project

EVALUATORS OF LIFE SKILLS MANUAL AND OBJECTIVES PLAN

Forest Haven

Dave Burket - Chief of Habilitation Services
Frances Greene - Training Officer
Senora Simpson - Physical Therapist, Acting Health Services Officer
Barbara Reid - Counselor of Transitional Services
Kay Campbell - Acting Chief of Community Services
D. L. Thompson - Senior Counselor of Oak Cottage
James Whitlock - Director of Transitional Services
Phil Slabaugh - Volunteer
Delores Loewen - Volunteer

Great Oaks

Rolf Mielsarek - Psychologist

Northern Virginia Training Center

Mary Jane Billinger - Chief, Education and Training
Sheila Wolf - Program Manager
Karen Percy - Program Manager
Beth Pittard, Psychologist
Anita Auerbach - Psychologist

The Maryland - National Capital Park and Planning Commission

Karen Littman - Director of Special Services

Appendix L
Life Skills Project

TRAINING MANUAL QUESTIONNAIRE

Check the box indicating your most appropriate response. Write in answer if none seems appropriate.

1. I feel this Training Manual would provide the basic structure for a university-based course or in-service training program on Deinstitutionalization for the Developmentally Disabled.

   Yes _____ No _____ Maybe _____

   Comment: _____

2. I had _____ no _____ some _____ a little trouble following the instructions in the Manual.

   Comment: _____

3. I feel the Manual has ____ too much _____ not enough ____ the right amount of detail.

4. I feel the Manual is self-instructional.

   Yes _____ No _____ Maybe _____

5. I feel the Manual _____ would be _____ would not be useful to all levels of staff.

6. I think the materials presented in the Manual would be enough without the use of additional references as possible resources.

   Yes _____ No _____ Don't know until I try._____

7. My reading of this Manual motivates me to give the training system a try.

   Yes _____ No _____

   Comment: _____

8. I can see a use for _____ the entire Manual
   _____ part of the Manual (if so, what)
   _____ very little of this material.

9. I think the use of the material in this Manual would improve our teamwork.

   Yes _____ No _____ We don't need it _____

10. I think the section on Attitude Therapy is complete enough to enable us to institute such a communication system.

    Yes _____ No _____ Maybe _____

11. I think the Life Skills Rehabilitation Section of the POR would be worth a try.

    Yes _____ No _____ We don't need it_____

12. I think the ABS ____ is _____ is not the best choice as a framework for a Life Skills training system.

13. I think your teaching materials _____ will _____ will not establish a METHOD of programming for effective deinstitutionalization.

14. I think your suggested use of the Mini-Team is ____ not appropriate ____ worth a try _____ unrealistic for our institution.

15. I feel the Training Manual has met the objectives stated in the first part of the text.

    Yes _____ No _____

    Comment:

Appendix M - 1
Life Skills Project

TASK FORCES

Task Force No. 1 - Life Skills Institutional Materials (LSIM)

Name	Agency
Jean Ackerman	Children's Achievement Center Perceptual - Motor Specialist
Betty Brooks	Planned Parenthood - Education
Dave Burket	Forest Haven - Education
Sheila Wolfe	No. Virginia Training Center - Education
Paul Harrington	No. Virginia Training Center - Recreation
Randy Swisher	G.W.U. Recreational Therapist - Student
Kali Mallik	G.W.U. Mobility Project
Hilda Fishback	D.C. Bureau of Rehabilitation Services Vocational Rehabilitation
Leonard Allen (Ad Hoc)	D.C. Mental Health Administration

Task Force No. 2 - Life Skills General Materials (LSGM)

Barbara Colbert	Special Education Teacher
Karen Littman	The Maryland - National Capital Park & Planning Commission
Maurice Brubaker	D.C. Developmental Services Center
Jackie Hendrick	Consumer - Developmental Disabilities Council
Joseph Renard	Special Education - D.C. Public Schools
Sandra Fromm	Consumer - Developmental Disabilities Council
Jean Schreiber	Department of Human Resources Placement of Developmentally Disabled
Elise Brown	Sharpe Health School
Rosalie Ingenito	George Washington University Rehabilitation Medicine

Task Force No. 3 - Life Skills Community Materials (LSCM)

Randolph Aiken	Retired, D.C. Police
John Noone	Georgetown University Affiliated Facility
Raymond Terry	D.C. Children's Center
Mark Kravick	D.C.Children's Center
Aretta Moore	Occupational and Training Center
Eveline Schulman	Maryland Department of Retardation
Marcia Mityga	Melwood Horticultural Training Center
Helen Jo Hillman	D.C. Department of Recreation
Shirley Zamora	American Occupational Therapy Association

TASK FORCES (con't)

Forest Haven Task Force

Name	Agency
Dave Burket	Acting Chief of Habilitation Services
Frances Greene	Training Instructor
Jean Federici	Activity Therapist / Field Instructor (Life Skills Project)
William Cheek	Principal, Mary Ziegler School
Charles McCullum	Vocational Rehabilitation Counselor
Walter Spann	Director of Cottage Life
Maureen Lombardo	Speech Pathologist
John Ross	Special Educaion Teacher
Hobart Goins	Special Education Teacher
Emma Hendricks	Resource Teacher
Roma Kaplan	Chief of Volunteer Services
Sarah Jenkins	Special Education Teacher
George Jamison	Cottage Counselor

Appendix N
Life Skills Project

MEMBERS ON PLANNING AND EVALUATION PANEL

Wayne Sloop - Lynchburg, Unit Director
James Snow - Virginia D.V.R. Administration
John Haack - Virginia Developmental Disabilities Council
Alan Cohen - Virginia Developmental Disabilities Council
James Hanshaw - Virginia Developmental Disabilities Council
Donald E. Hawkins - Forest Haven, Project Director, The George Washington University
Geneva S. Folsom - Forest Haven, Project Coordinator, The George Washington University
Willie Hodge - Forest Haven, Assistant Superintendent
Roland Queene - Forest Haven, Superintendent
Stewart Stout - District of Columbia Developmental Disabilities Council
John Noone - Georgetown University Affiliated Facility

TRAINING MATERIALS	COST
Volume I	$2.00
Volume II	2.00
Volume III	2.00
Videocassattee (3/4 inch U-matic) to accompany Volume II	
Mini-Team	$35.00
Training Model	35.00
Communication Systems	35.00
Life Skills System – ABS to POR	35.00
Total package (4 tapes)	102.50
Slides to accompany Volume II (35 mm.)	
(package of 21 slides)	15.75
Objective Charts – Volume III	dependent upon quantity

Mailing charges will be added. Prices subject to change without notification.

To purchase training materials, order from:

Geneva S. Folsom, Ed.D.
The George Washington University
Division of Rehabilitation Medicine
2300 Eye Street, N.W.
Washington, D.C. 20037